

**The Image Management System (TIMS) Clerk
Training and Performance Support System**



Module 2

Lesson 1 – Active Posttest

Variant

October 15, 2008

List of Effective Pages

Order Number	Item	No. of Pages	Change in Effect
	List of Effective Pages	1	V01
	Record of Changes	1	V01
001_1	Flight Certification	1	V01
002_1	VA Form 22-1990	6	V01
003_1	VA Form 9	1	V01
005_1	Birth Certificate	1	V01
006_1	DD Form 214	1	V01
007_1	VA Form 22-5490	3	V01
008_1	DD Form 214	1	V01
009_1	VSIGN	1	V01
011_1	VA Form 9	1	V01
012_1	TATU	1	V01
014_1	VSIGN	1	V01
015_1	NOD	1	V01
017_1	LAC	2	V01
019_1	DD Form 214	1	V01
022_1	DD Form 214	1	V01
024_1	DD Form 214	1	V01
026_1	Marriage Certificate	1	V01
033a_1	VA Form 22-1990	6	V01
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040_1	VA Form 22-5490	3	V01
041_1	LAC	2	V01
042_1	VA Form 22-5490	3	V01
044_1	VA Form 22-1999	1	V01
045_1	VA Form 22-1999	1	V01

Record of Changes

Version and Change Number	Date	Description

MONTHLY CERTIFICATION OF FLIGHT TRAINING

PRIVACY ACT INFORMATION: No benefit payments may be authorized to a student pursuing a program of flight training unless this form is completed and submitted to VA as required by law (38 U.S.C. 3680(g)). The information submitted on this form will be used to determine your eligibility to receive payments and to compute the amount to be paid. The responses you submit are considered confidential. (38 U.S.C. 5701) They may be disclosed outside the Department of Veterans Affairs (VA) only if the disclosure is authorized by the Privacy Act, including the routine uses identified in the VA system of records, 58VA21722. Compensation Pension, Education and Rehabilitation Records VA, published in the Federal Register. Information submitted is subject to verification through computer matching programs with other agencies.

RESPONDENT BURDEN: VA may not conduct or sponsor and respondent is not required to respond to this collection of information unless it displays a valid OMB Control number. Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have comments regarding this burden estimate or any other aspects of this collection of information, call 1-888-442-4551 for mailing information on where to send your comments.

IMPORTANT: Read instructions on reverse before completing this form.

1. FIRST - MIDDLE - LAST NAME OF STUDENT Emily Mary Morton		2. FILE NUMBER 000 00 0080		3. REPORTING PERIOD	
				A. BEGINNING DATE 08-15-01	B. ENDING DATE 08-030-01
4. ADDRESS OF STUDENT (Complete only if this is a change from your address of record)				5. IF TRAINING WAS COMPLETED OR TERMINATED DURING REPORTING PERIOD. GIVE DATE (State reason in Item 12)	
				6. NAME OF CURRENT COURSE Multi EGINE Land	

7. FLIGHT INSTRUCTION FURNISHED FOR CURRENT COURSE DURING REPORTING PERIOD

A. TYPE OF INSTRUCTION	B. HORSE POWER	C. HOURS	D. RATE	E. AMOUNT
Dual	400	1.20	\$155.00	\$186.00
Dual	400	4.10	156.00	639.60
Ground		1.10	17.00	8.50
Pre/Post		1.10	18.00	19.80



8A. COST TO STUDENT FOR INSTRUCTION DURING THIS REPORTING PERIOD	\$853.90
8B. STATE AND LOCAL SALES TAXES (If applicable)	\$
8C. TOTAL COST TO STUDENT THIS REPORTING PERIOD	\$853.90
9. TOTAL COST TO STUDENT FOR THIS COURSE THROUGH END OF REPORTING PERIOD	\$853.90

10. SUMMARY OF TOTAL HOURS IN COURSE THROUGH END OF REPORTING PERIOD

TYPE OF INSTRUCTION	MAXIMUM APPROVED	HOURS GIVEN TO DATE	TYPE OF INSTRUCTION	MAXIMUM APPROVED	HOURS GIVEN TO DATE
A. DUAL	15	5.30	D. GROUND	15	.50
B. SOLO			E. OTHER		
C. PRE-FLIGHT AND POST FLIGHT	3.75	1.10			

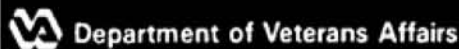
11A. CLASS OF MEDICAL CERTIFICATE HELD BY STUDENT ON DATE THIS FLIGHT COURSE BEGAN 2nd class	11B. DATE OF LAST EXAMINATION 07-25-01
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12. REMARKS (Indicate any substitution, flight test or variance from approved course)

CERTIFICATION: WE CERTIFY THAT the above entries are true and correct.

13A. SIGNATURE OF STUDENT <i>Emily M. Morton</i>	13B. DATE SIGNED 09-05-01	14A. SIGNATURE OF SCHOOL CERTIFYING OFFICIAL <i>Jack Wallace</i>	14B. DATE SIGNED 09-07-01
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15. NAME AND ADDRESS OF FLIGHT SCHOOL (Include facility code) Atlanta Flight School, 600 Briscoe Rd Lawrenceville, GA	16. VA OFFICE HAVING STUDENT'S RECORDS
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APPLICATION FOR VA EDUCATION BENEFITS

(See attached information and instructions)

INTERNET VERSION AVAILABLE - You may complete and send your application over the Internet at: www.gibill.va.gov

PART I - APPLICANT AND BENEFIT INFORMATION

(All Applicants Must Complete This Part)

1A. NAME OF APPLICANT (First, Middle, Last) Annie Tasha Wallace		1C. VA FILE NUMBER (If previously assigned) 000 00 0065		VA DATE STAMP (Do Not Write In This Space) <div style="border: 2px solid red; padding: 5px; text-align: center;"> RECEIVED DEC 05, 2007 VARO, MAIL ACTIVITY ATLANTA, GA 4 </div>	
1B. SOCIAL SECURITY NUMBER OF APPLICANT 000-00-0065		2A. APPLICANT'S ADDRESS (Number, street or rural route, city or P.O., State and ZIP Code) (Please provide 9 digit ZIP code if known) 1432 Franklin Street Montgomery, AL 36104			
2B. SEX OF APPLICANT <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE	2C. APPLICANT'S DATE OF BIRTH 11-05-68	2D. APPLICANT'S E-MAIL ADDRESS wallace320@yahoo.com		3. APPLICANT'S TELEPHONE NUMBER (Include Area Code)	
				A. DAY	B. EVENING
				334-76501418	
4. DESCRIPTION OF VA EDUCATION PROGRAMS (Check (<input checked="" type="checkbox"/>) the box next to each benefit you wish to apply for)					
A. MONTGOMERY GI BILL EDUCATIONAL ASSISTANCE PROGRAM (title 38, U. S. C., chapter 30). If you served or are currently serving on active duty, you may be eligible to receive this benefit. Check the box to the right if you: <ul style="list-style-type: none"> • entered active duty for the first time after June 30, 1985, OR • were eligible to receive Vietnam Era Veterans' Educational Assistance (title 38, U.S.C., chapter 34) benefits on December 31, 1989, OR • were discharged under one of the qualifying separation programs shown in the instructions, OR • were a participant under the Post-Vietnam Era Veterans' Educational Assistance program commonly referred to as VEAP (title 38, U.S.C., chapter 32) and elected this benefit during one of the open window periods shown in the instructions. 					<input checked="" type="checkbox"/>
B. MONTGOMERY GI BILL - SELECTED RESERVE EDUCATIONAL ASSISTANCE PROGRAM (title 10, U. S. C., chapter 1606). This benefit is based on Selected Reserve service (Reserve or National Guard). Check the box to the right if you had at least a six-year reserve obligation after June 30, 1985. (NOTE: Department of Defense (DoD) determines eligibility for this program)					<input type="checkbox"/>
C. RESERVE EDUCATIONAL ASSISTANCE PROGRAM (title 10, U.S.C., chapter 1607). This benefit is for a Reservist called to active duty to support contingency operations. Check the box to the right if you were called to active duty to support contingency or other specific operations. (NOTE: Department of Defense (DoD) determines eligibility for this program)					<input type="checkbox"/>
D. POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM commonly referred to as VEAP, (title 38, U.S.C., chapter 32, or section 903 of Public Law 96-342). Check the box to the right if you: <ul style="list-style-type: none"> • served on active duty at any time from January 1, 1977 through June 30, 1985, AND • either contributed funds or had your service branch make contributions for you. 					<input type="checkbox"/>
E. NATIONAL CALL TO SERVICE PROGRAM (title 10, U.S.C., chapter 31, section 510). Check the box to the right if you: <ul style="list-style-type: none"> • entered on or after October 1, 2003 under the National Call to Service program, AND • selected one of the education incentives provided by that program Check this box to the right only if you've selected one of the two Educational Allowance Incentive options. (If you checked this box, be sure to complete Part IV)					<input type="checkbox"/>
F. THE "TRANSFER OF ENTITLEMENT" PROGRAM (title 38, U.S.C., chapter 30, section 3020). Check the box to the right if you: <ul style="list-style-type: none"> • are a spouse or child of a person who qualified for the Montgomery GI Bill Educational Assistance Program (chapter 30), AND • believe that your parent or spouse transferred entitlement to you (If you checked this box, be sure to complete Part V)					<input type="checkbox"/>

5. DIRECT DEPOSIT INFORMATION

Please send a voided personal check or provide the following information.
Direct Deposit is not available for the Post-Vietnam Era Veterans' Educational Assistance Program (Chapter 32)

<p>A. TYPE OF ACCOUNT</p> <input checked="" type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> I DO NOT HAVE AN ACCOUNT											
<p>B. NAME OF FINANCIAL INSTITUTION</p> <p align="center">Alabama Bank</p>	<p>C. 9 DIGIT ROUTING OR TRANSIT NUMBER</p> <p align="center">677543221</p>	<p>D. ACCOUNT NUMBER</p> <p align="center">515626</p>									
<p>6. TYPE OF VA EDUCATION BENEFITS PREVIOUSLY APPLIED FOR? (Check all applicable boxes)</p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> A. VETERAN'S EDUCATION BENEFITS (Any of the VA benefits shown in Item 4) (Specify benefit _____)</td> <td><input type="checkbox"/> B. PREVIOUS VETERAN'S EDUCATION BENEFITS (Specify benefit _____)</td> </tr> <tr> <td><input type="checkbox"/> C. VOCATIONAL REHABILITATION BENEFITS (Chapter 31)</td> <td><input type="checkbox"/> D. DEPENDENTS' EDUCATIONAL ASSISTANCE BENEFITS (Chapter 35) (Complete Items 7A and 7B)</td> </tr> <tr> <td><input type="checkbox"/> E. OTHER (Specify benefit _____)</td> <td><input checked="" type="checkbox"/> F. NONE</td> </tr> </table>			<input type="checkbox"/> A. VETERAN'S EDUCATION BENEFITS (Any of the VA benefits shown in Item 4) (Specify benefit _____)	<input type="checkbox"/> B. PREVIOUS VETERAN'S EDUCATION BENEFITS (Specify benefit _____)	<input type="checkbox"/> C. VOCATIONAL REHABILITATION BENEFITS (Chapter 31)	<input type="checkbox"/> D. DEPENDENTS' EDUCATIONAL ASSISTANCE BENEFITS (Chapter 35) (Complete Items 7A and 7B)	<input type="checkbox"/> E. OTHER (Specify benefit _____)	<input checked="" type="checkbox"/> F. NONE			
<input type="checkbox"/> A. VETERAN'S EDUCATION BENEFITS (Any of the VA benefits shown in Item 4) (Specify benefit _____)	<input type="checkbox"/> B. PREVIOUS VETERAN'S EDUCATION BENEFITS (Specify benefit _____)										
<input type="checkbox"/> C. VOCATIONAL REHABILITATION BENEFITS (Chapter 31)	<input type="checkbox"/> D. DEPENDENTS' EDUCATIONAL ASSISTANCE BENEFITS (Chapter 35) (Complete Items 7A and 7B)										
<input type="checkbox"/> E. OTHER (Specify benefit _____)	<input checked="" type="checkbox"/> F. NONE										
<p><i>NOTE - COMPLETE ITEMS 7A AND 7B ONLY IF YOU CHECKED ITEM 6D</i></p>											
<p>7A. NAME OF PARENT/SPOUSE (See Instructions)</p>	<p>7B. FILE NUMBER OF PARENT/SPOUSE (See Instructions)</p>										
<p>8. HAVE YOU RECEIVED AN INFORMATION PAMPHLET EXPLAINING THE EDUCATION BENEFIT OR BENEFITS YOU ARE APPLYING FOR? (See Instructions)</p> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO											
<p>9. PROGRAM OF EDUCATION OR TRAINING</p>											
<p>A. DO YOU KNOW YOUR EDUCATIONAL OR CAREER GOAL? (If you know this goal, please specify. If you do not know your goal, check "No" then skip to Item 9C.)</p> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO											
<p>B. HAVE YOU SELECTED A SPECIFIC PROGRAM OF EDUCATION?</p> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If "Yes," list below each diploma, vocational course, job training program, or test you need to reach your educational or career goal that you indicated in Item 9A). If you have not selected a program, leave this item blank.)											
<p>C. EDUCATION OR TRAINING WILL BE BY (Check more than one if necessary)</p> <table style="width:100%;"> <tr> <td><input checked="" type="checkbox"/> COLLEGE OR OTHER SCHOOL</td> <td><input type="checkbox"/> CORRESPONDENCE COURSE</td> <td><input type="checkbox"/> TUITION ASSISTANCE TOP-UP</td> </tr> <tr> <td><input type="checkbox"/> I SEEK REIMBURSEMENT FOR A LICENSING OR CERTIFICATION TEST</td> <td><input type="checkbox"/> APPRENTICESHIP OR ON-THE-JOB TRAINING</td> <td></td> </tr> <tr> <td><input type="checkbox"/> NATIONAL ADMISSIONS EXAMS OR NATIONAL EXAMS FOR CREDIT</td> <td><input type="checkbox"/> VOCATIONAL FLIGHT TRAINING</td> <td></td> </tr> </table>			<input checked="" type="checkbox"/> COLLEGE OR OTHER SCHOOL	<input type="checkbox"/> CORRESPONDENCE COURSE	<input type="checkbox"/> TUITION ASSISTANCE TOP-UP	<input type="checkbox"/> I SEEK REIMBURSEMENT FOR A LICENSING OR CERTIFICATION TEST	<input type="checkbox"/> APPRENTICESHIP OR ON-THE-JOB TRAINING		<input type="checkbox"/> NATIONAL ADMISSIONS EXAMS OR NATIONAL EXAMS FOR CREDIT	<input type="checkbox"/> VOCATIONAL FLIGHT TRAINING	
<input checked="" type="checkbox"/> COLLEGE OR OTHER SCHOOL	<input type="checkbox"/> CORRESPONDENCE COURSE	<input type="checkbox"/> TUITION ASSISTANCE TOP-UP									
<input type="checkbox"/> I SEEK REIMBURSEMENT FOR A LICENSING OR CERTIFICATION TEST	<input type="checkbox"/> APPRENTICESHIP OR ON-THE-JOB TRAINING										
<input type="checkbox"/> NATIONAL ADMISSIONS EXAMS OR NATIONAL EXAMS FOR CREDIT	<input type="checkbox"/> VOCATIONAL FLIGHT TRAINING										
<p>D. HAVE YOU SELECTED YOUR SCHOOL OR TRAINING ESTABLISHMENT?</p> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If you have selected a school, check "Yes," and specify its complete name and mailing address. If you have not selected a school, check "No.") If you are applying for reimbursement of test fees, don't answer this question. Skip to Item 10.)	<p>E. Complete Name and Address of School (Complete street address, city, state and ZIP code)</p> <p align="center">N/A</p>										
<p>F. DO YOU KNOW THE DATE YOU WILL BEGIN YOUR SCHOOLING OR TRAINING?</p> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If you do know this date, check "Yes." Specify this date in Item 9G. If you do not know this date check "No.")	<p>G. Date (Month, Year) of anticipated beginning school or training</p>										
<p>H. DO YOU PLAN TO REPEAT ANY COURSE FOR WHICH YOU RECEIVED CREDIT?</p> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If "Yes," write in Item 9I the name of the course, when you originally took this course, and why you plan to repeat it.)	<p>I. Information about repeated course</p>										

NOTE - COMPLETE ONLY IF YOU ARE A CIVILIAN EMPLOYEE OF THE U.S. GOVERNMENT

If you are on active military duty, skip question 10.

10. DO YOU EXPECT TO RECEIVE FUNDS FROM YOUR AGENCY OR DEPARTMENT FOR THE SAME COURSE(S) FOR WHICH YOU EXPECT TO RECEIVE VA EDUCATIONAL ASSISTANCE?

YES NO (If "Yes," show the source of these funds) ▶

Source of educational assistance from government employment:

NOTE - COMPLETE ITEM 11 ONLY IF YOU ARE ON ACTIVE DUTY

11. ARE YOU RECEIVING, OR DO YOU ANTICIPATE RECEIVING, ANY MONEY (Including but not limited to Federal Tuition Assistance) FROM THE ARMED FORCES OR PUBLIC HEALTH SERVICE FOR THE COURSE FOR WHICH YOU HAVE APPLIED TO VA FOR EDUCATION BENEFITS? IF YOU WILL RECEIVE SUCH BENEFITS, CHECK "YES" AND GIVE COMPLETE DETAILS INCLUDING THE SOURCE OF THE FUNDS. NOTE: IF YOU ARE ONLY APPLYING FOR TUITION ASSISTANCE TOP-UP, CHECK "NO"

YES NO ▶

Details of educational assistance from the military:

12. EDUCATION AND EMPLOYMENT INFORMATION

A. DID YOU GRADUATE FROM HIGH SCHOOL? (If "Yes," write the date you graduated next to "Yes," and skip to Item 12C. If "No," complete Item 12B)

YES Date 05-21-1990 NO

B. IF YOU DID NOT GRADUATE FROM HIGH SCHOOL, DO YOU HAVE A HIGH SCHOOL EQUIVALENCY CERTIFICATE? (If "Yes," write the date you completed the requirements for this certificate in the space provided. If "No," go to Item 12C)

YES Date _____ NO

C. EDUCATION AFTER HIGH SCHOOL (INCLUDE ALL APPRENTICESHIP, ON-THE-JOB TRAINING, AND FLIGHT TRAINING) (See Instructions)

NAME AND LOCATION OF COLLEGE OR OTHER TRAINING PROVIDER (Include City and State)	DATES OF TRAINING		NUMBER OF SEMESTER, QUARTER OR CLOCK HOURS COMPLETED	DEGREE, DIPLOMA, OR CERTIFICATE RECEIVED	MAJOR FIELD OR COURSE OF STUDY
	FROM	TO			

D. DO YOU HOLD ANY FAA FLIGHT CERTIFICATES? (If "Yes," list each certificate) ▶

YES NO

EMPLOYMENT (Complete ONLY if you served in the military)

EMPLOYMENT	PRINCIPAL OCCUPATION	NUMBER OF MONTHS IN THAT OCCUPATION	LICENSE OR RATING
E. Before Entering Military Service	Assistant Manager Chilli's	13	
F. After Leaving Military Service	Automobile Sals	26	

PART II - SERVICE INFORMATION (All applicants must complete this part)

13. ACTIVE DUTY INFORMATION

A. ARE YOU NOW ON ACTIVE DUTY OR FULL-TIME NATIONAL GUARD DUTY? (Send us a copy of your orders, if authority for full-time National Guard duty is title 32, U.S.C.)

YES NO

B. ARE YOU NOW ON TERMINAL LEAVE BEFORE DISCHARGE? (If yes, please provide the date you began your terminal leave)

YES NO

Date leave began: _____ Date of expected discharge: _____

14. INFORMATION ABOUT YOUR PERIODS OF ACTIVE DUTY

Please complete Items 14A through 14f for each period of your active duty. It will help VA process your claim if you send a copy of your DD 214 (copy 4) for each period of active service. (Don't report any Active Duty for Training)

A. DATE ENTERED ACTIVE DUTY	B. DATE SEPARATED FROM ACTIVE DUTY	C. BRANCH OF SERVICE OR RESERVE OR GUARD COMPONENT	D. CHARACTER OF DISCHARGE	E. WERE YOU INVOLUNTARILY CALLED TO ACTIVE DUTY FOR THIS PERIOD? (If "Yes," send copies of your orders)		F. IF THIS ACTIVE DUTY IS NATIONAL GUARD DUTY, INDICATE IF AUTHORITY IS TITLE 10 (Federal) OR TITLE 32 (State). (Send copies of any orders)
				YES	NO	
09-21-91	09-25-97	Army	Honorable		X	N/A

You should specify in Item 22, Remarks, any periods of active duty which reflect:

- Full time assignment by a service department to a civilian school for a course of education substantially the same as established courses for civilians;
- Attendance at a service academy; or
- Non-creditable time - (time lost because of industrial or agricultural furlough, arrest without acquittal, being AWOL, desertion, sentence of court-martial, etc.)

15. DO YOU ALSO HAVE ANY PERIODS OF RESERVE OR NATIONAL GUARD SERVICE THAT ARE NOT ACTIVE DUTY?

YES NO (If "Yes," complete information about this service in Item 16. If "No," skip to Item 17)

16. PERIODS OF RESERVE OR NATIONAL GUARD SERVICE (NOT ACTIVE DUTY)

A. ARE YOU NOW IN THE RESERVE OR NATIONAL GUARD?

YES NO

INFORMATION TO COMPLETE ITEM 16E:

- Place "SR" in Item 16E for each period of reserve service if you were in the Selected Reserve (drilling status).
- Place "IRR" in Item 16E for each period of reserve service if you were in the Individual Ready Reserve.
- Place "IMA" in Item 16E for each period of reserve service if your were in the Individual Mobilization Augmentation.

B. DATE ENTERED RESERVE OR GUARD	C. DATE SEPARATED FROM RESERVE OR GUARD (if applicable)	D. RESERVE OR GUARD COMPONENT	E. RESERVE STATUS (See abbreviations above)
N/A			

F. DO YOU QUALIFY FOR A "KICKER" BASED ON YOUR RESERVE ENLISTMENT? ("Kickers" are amounts contributed by DoD to an education fund on behalf of individuals to encourage enlistment or retention in the Reserve or National Guard forces, usually in specialized areas.) (IF YOU QUALIFY FOR A RESERVE "KICKER," CHECK "YES." IT MAY HELP IF YOU SEND VA A COPY OF THE "KICKER" CONTRACT)

YES NO

G. COMPLETE ONLY IF YOU ARE APPLYING FOR CHAPTER 1606 (you checked Item 4B). IF YOU ARE PARTICIPATING IN A SENIOR ROTC SCHOLARSHIP PROGRAM, DOES THAT PROGRAM PAY FOR YOUR TUITION, FEES, BOOKS AND SUPPLIES UNDER TITLE 10, U.S.C., SECTION 2107? (Do not include monthly subsistence allowance)

YES NO

PART III - MONTGOMERY GI BILL QUESTIONS
(Complete this part only if you are applying for chapter 30 benefits)

QUESTIONS	YES (<input checked="" type="checkbox"/>)	NO (<input checked="" type="checkbox"/>)
17A. DID YOU MAKE ADDITIONAL CONTRIBUTIONS WHILE ON ACTIVE DUTY (Sometimes referred to as "Buy-up") TO INCREASE THE AMOUNT OF MONTHLY MGIB BENEFITS PAYABLE? (If you made any additional contributions, you must check "YES" and send us a copy of the receipt of lump sum contribution or a copy of your Leave and Earnings Statement showing these additional contributions.	X	
17B. IF YOU SERVED A PERIOD OF ACTIVE DUTY THAT THE DEPARTMENT OF DEFENSE COUNTS FOR PURPOSES OF REPAYING AN EDUCATION LOAN, PLEASE SHOW THE DATES OF THAT PERIOD OF ACTIVE DUTY: From _____ To _____		X
17C. DO YOU HAVE A DoD CONTRACT TO RECEIVE A "KICKER"? (Some military services call this the "college fund." "Kickers" are amounts contributed by DoD to an education fund on behalf of individuals to encourage enlistment or retention in the Armed forces, usually in specialized areas. If you qualify for a "kicker", check "Yes." It may help if you send us a copy of your kicker contract.		X

COMMISSIONED OFFICER QUESTIONS		
18A. DID YOU GRADUATE FROM A MILITARY SERVICE ACADEMY (e.g., West Point, Naval Academy, etc.)? (If "Yes," specify the month and year you graduated and received your commission) Graduation month and year: _____		X
18B. WERE YOU COMMISSIONED AS THE RESULT OF PARTICIPATING IN A SENIOR ROTC (Reserve Officers Training Corps) SCHOLARSHIP PROGRAM? (If "Yes," show the date of your commission and the amount of your scholarship for each school year you were in the Senior ROTC program. Don't report your monthly subsistence allowance. If you received your commission through a Senior ROTC (non-scholarship) program, check "No.") Commission date: _____ Scholarship Amounts: Year: _____ Amount: _____ Year: _____ Amount: _____ Year: _____ Amount: _____ Year: _____ Amount: _____ Year: _____ Amount: _____		X

MARITAL AND DEPENDENCY STATUS		
NOTE: COMPLETE THIS ITEM ONLY IF YOU CHECKED ITEM 4A AND HAVE MILITARY SERVICE BEFORE JANUARY 1, 1977 (or delayed entry before January 2, 1978). See Instructions.		
QUESTIONS	YES	NO
19A. ARE YOU CURRENTLY MARRIED?		
19B. DO YOU HAVE ANY CHILDREN WHO ARE:		
(1) UNDER AGE 18? OR		
(2) OVER 18 BUT UNDER AGE 23, NOT MARRIED AND ATTENDING SCHOOL? OR		
(3) OF ANY AGE AND PERMANENTLY INCAPABLE OF SELF-SUPPORT DUE TO MENTAL OR PHYSICAL DISABILITY?		
19C. IS EITHER YOUR FATHER OR MOTHER DEPENDENT UPON YOU FOR FINANCIAL SUPPORT?		

PART IV - NATIONAL CALL TO SERVICE QUESTIONS	
<i>(Complete this part only if you are applying for this benefit)</i>	
20A. DID YOU SIGN AN ENLISTMENT CONTRACT WITH THE DEPARTMENT OF DEFENSE FOR THE NATIONAL CALL TO SERVICE PROGRAM? <input type="checkbox"/> YES <input type="checkbox"/> NO	
20B. DID YOU RECEIVE AN EDUCATIONAL ALLOWANCE INCENTIVE OPTION? (If "Yes," check the block in Item 20C that identifies the option you received) <input type="checkbox"/> YES <input type="checkbox"/> NO	
20C. WHICH VA EDUCATIONAL ALLOWANCE INCENTIVE OPTION DID YOU ELECT? (Check only one block below)	
<input type="checkbox"/> EDUCATIONAL ALLOWANCE OF UP TO 12 MONTHS OF MONTGOMERY GI BILL BENEFITS (3-year rate)	<input type="checkbox"/> EDUCATIONAL ALLOWANCE OF UP TO 36 MONTHS OF MONTGOMERY GI BILL BENEFITS (1/2 the 2-year rate)

NOTE: National Call to Service applicants must furnish VA a copy of DD Form 2863 (National Call to Service (NCS), Election of Options). This form is needed to document your eligibility and to confirm your incentive option.

PART V - TRANSFER OF ENTITLEMENT QUESTIONS

(Complete this part only if you are applying for this benefit)

NOTE: This benefit requires (1) that the veteran's branch of military service authorized the veteran to transfer MGIB entitlement to his or her dependents, and (2) the veteran, in writing, transferred his or her current education benefits to you (specifying you by name).

IMPORTANT: Only a spouse, surviving spouse, or child of a veteran who has transferred entitlement should complete this information.

21A. WHAT IS YOUR RELATIONSHIP TO THE VETERAN OR SERVICE MEMBER WHO TRANSFERRED ENTITLEMENT TO YOU?

SPOUSE SURVIVING SPOUSE CHILD

IMPORTANT: If you checked your relationship as a spouse or child, have the veteran complete and send us VA Form 21-686c. See Instructions.

21B. VETERAN OR SERVICE MEMBER'S NAME (First, Middle, Last)

21C. VETERAN OR SERVICE MEMBER'S SEX

MALE FEMALE

21D. ADDRESS OF VETERAN OR SERVICE MEMBER WHO TRANSFERRED ENTITLEMENT TO YOU

21E. VETERAN OR SERVICE MEMBER'S DATE OF BIRTH

21F. VETERAN OR SERVICE MEMBER'S SOCIAL SECURITY NUMBER

EMPLOYMENT (IF NO MILITARY SERVICE)

EMPLOYMENT	PRINCIPAL OCCUPATION	NUMBER OF MONTHS IN THAT OCCUPATION	LICENSE OR RATING
21G. JOB 1 (Since leaving high school)			
21H. JOB 2 (Since leaving high school)			

22. REMARKS (Use this space to provide information that does not fit elsewhere on this form or that will help VA process your claim. Refer to the item numbers on this form to help us match your answers to the correct questions. If more space is needed, please attach separate sheets of paper. Be sure to place your name and social security number on each additional page.)

PART VI - CERTIFICATION AND SIGNATURE OF APPLICANT

(All applicants must complete this part)

I CERTIFY THAT all statements in my application are true and correct to the best of my knowledge and belief.

PENALTY - Willful false statements as to a material fact in a claim for education benefits is a punishable offense and may result in the forfeiture of these or other benefits and in criminal penalties.

23A. FULL NAME OF APPLICANT (PRINTED)

Annie Tasha Wallace

23B. SIGNATURE OF APPLICANT (Do NOT Print) (Minor children must also have their parent or guardian sign in this item)

SIGN HERE IN INK ► Annie Tasha Wallace

23C. DATE SIGNED

12-15-06

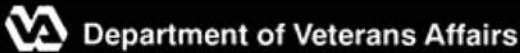
PART VII - CERTIFICATION FOR APPLICANTS ON ACTIVE DUTY

(Have your Education Officer complete this part only if you are currently on active duty. This signature is not needed if you are on terminal leave)

I CERTIFY THAT this individual is a member of the branch of the Armed Forces shown below and has consulted with me regarding his/her education program.

24A. SIGNATURE, TITLE AND BRANCH OF SERVICE OF ARMED FORCES EDUCATION OFFICER

24B. DATE SIGNED



APPEAL TO BOARD OF VETERANS' APPEALS

IMPORTANT: Read the attached instructions before you fill out this form. VA also encourages you to get assistance from your representative in filling out this form.

1. NAME OF VETERAN (Last Name, First Name, Middle Initial) Llarnas Lionel Salas	2. CLAIM FILE NO. (Include prefix) 000 00 0067	3. INSURANCE FILE NO., OR LOAN NO.
--	---	------------------------------------

4. I AM THE:

VETERAN VETERAN'S WIDOW/ER VETERAN'S CHILD VETERAN'S PARENT

OTHER (Specify)

5. TELEPHONE NUMBERS		6. MY ADDRESS IS: (Number & Street or Post Office Box, City, State & ZIP Code) 2269 Hansfan Lane Rosewell, GA 30076
A. HOME (Include Area Code) 770-454-1300	B. WORK (Include Area Code)	
7. IF I AM NOT THE VETERAN, MY NAME IS: (Last Name, First Name, Middle Initial)		<div style="border: 2px solid red; padding: 5px; text-align: center;"> <p>RECEIVED</p> <p>DEC 05, 2007</p> <p>VARO, MAIL ACTIVITY ATLANTA, GA 4</p> </div>

8. HEARING

IMPORTANT: Read the information about this block in paragraph 6 of the attached instructions. This block is used to request a Board of Veterans' Appeals hearing. DO NOT USE THIS FORM TO REQUEST A HEARING BEFORE VA REGIONAL OFFICE PERSONNEL.

Check one (and only one) of the following boxes:

A. I DO NOT WANT A BVA HEARING.

B. I WANT A BVA HEARING IN WASHINGTON, DC.

C. I WANT A BVA HEARING AT A LOCAL VA OFFICE BEFORE A MEMBER, OR MEMBERS, OF THE BVA.
(Not available at Washington, DC, or Baltimore, MD, Regional Offices.)

9. THESE ARE THE ISSUES I WANT TO APPEAL TO THE BVA: (Be sure to read the information about this block in paragraph 6 of the attached instructions.)

A. I WANT TO APPEAL ALL OF THE ISSUES LISTED ON THE STATEMENT OF THE CASE AND ANY SUPPLEMENTAL STATEMENTS OF THE CASE THAT MY LOCAL VA OFFICE SENT TO ME.

B. I HAVE READ THE STATEMENT OF THE CASE AND ANY SUPPLEMENTAL STATEMENT OF THE CASE I RECEIVED. I AM ONLY APPEALING THESE ISSUES:
(List below.)

Kicker should be added to monthly pay.

10. HERE IS WHY I THINK THAT VA DECIDED MY CASE INCORRECTLY: (Be sure to read the information about this block in paragraph 6 of the attached instructions.)

(Continue on the back, or attach sheets of paper, if you need more space.)

11. SIGNATURE OF PERSON MAKING THIS APPEAL <i>Llarnas L. Salas</i>	12. DATE 10-15-2007	13. SIGNATURE OF APPOINTED REPRESENTATIVE, IF ANY (Not required if signed by appellant. See paragraph 6 of the instructions.)	14. DATE
---	------------------------	--	----------

CERTIFICATE OF BIRTH

BIRTH NO. 003572

STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

REGISTRAR'S NO.

1. PLACE OF BIRTH a. COUNTY <u>Orange</u> b. CITY (If outside corporate limits, write RURAL) OR TOWN <u>Orlando</u> CODE NO. c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location) <u>Orlando Regional Hospital</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>FL</u> b. COUNTY <u>Orange</u> c. CITY (If outside corporate limits, write RURAL) OR TOWN <u>Oviedo</u> d. STREET ADDRESS (If rural, give location) <u>5420 W. Town Park Dr., Orlando, FL 32762</u>	
--	--	--	--

3. CHILD'S NAME a. (First) <u>Janice</u> (Type or Print)			b. (Middle) <u>G.</u>			c. (Last) <u>Wilson</u>		
4. SEX <u>F</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>		5b. IF TWIN OR TRIPLET (This child born 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>		6. DATE OF BIRTH (Month) (Day) (Year) <u>10 20 61</u>			

FATHER OF CHILD							
7. FULL NAME a. (First) <u>Edward</u>		b. (Middle) <u>James</u>		c. (Last) <u>Wilson</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>27</u>	10. BIRTHPLACE (State or foreign country) <u>North Carolina</u>	11a. USUAL OCCUPATION <u>Teacher</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>Teacher/public school</u>				

MOTHER OF CHILD							
12. FULL MAIDEN NAME a. (First) <u>Tina</u>		b. (Middle) <u>Ingred</u>		c. (Last) <u>Malm</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>26</u>	15. BIRTHPLACE (State or foreign country) <u>Germany</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many OTHER children are living? <u>0</u> b. How many OTHER children were born alive but are now dead? <u>0</u> c. How many children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>					
17. INFORMANT <u>Christine White</u>							

I hereby certify that on this date stated above this child was BORN ALIVE <input checked="" type="checkbox"/> STILL-BORN <input type="checkbox"/>		18a. SIGNATURE <u>Christine White</u> 18c. ADDRESS <u>143 Colonial Dr., Oviedo, FL 32762</u>		18b. ATTENDANT AT BIRTH M.D. <input type="checkbox"/> MIDWIFE <input checked="" type="checkbox"/> OTHER (Specify) _____ 19d. DATE SIGNED <u>10-23-61</u>	
19. DATE REC'D BY LOCAL		20. REGISTRAR'S SIGNATURE		21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar)	

000-02-2001

Orderno 005

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, First, Middle) Derr, Christopher M.		2. DEPARTMENT, COMPONENT AND BRANCH U.S. Army, Signal Corps		3. SOCIAL SECURITY NUMBER 000 00 0075	
4.a. GRADE, RATE OR RANK SFC	b. PAY GRADE E7	5. DATE OF BIRTH (YYYYMMDD) 19680320	6. RESERVE OBLIGATION TERMINATION DATE (YYYYMMDD) 20060418		
7a. PLACE OF ENTRY INTO ACTIVE DUTY Jacksonville, FL		b. HOME OF RECORD AT TIME OF ENTRY (City and State, or complete address if known) Sunrise, FL 33351			
8a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND Jacksonville, FL			b. STATION WHERE SEPARATED Fort Benning		
9. COMMAND TO WHICH TRANSFERRED				10. SGLI COVERAGE <input type="checkbox"/> NONE AMOUNT: \$	
11. PRIMARY SPECIALTY (List number, title and years and months in specialty. List additional specialty numbers and titles involving periods of one or more years.) 25 P Microwave Systems Operator		12. RECORD OF SERVICE		YEAR(S)	MONTH(S)
		a. DATE ENTERED AD THIS PERIOD			
		b. SEPARATION DATE THIS PERIOD			
		c. NET ACTIVE SERVICE THIS PERIOD			
		d. TOTAL PRIOR ACTIVE SERVICE			
		e. TOTAL PRIOR INACTIVE SERVICE			
		f. FOREIGN SERVICE			
		g. SEA SERVICE			
		h. EFFECTIVE DATE OF PAY GRADE		2003	05
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) N/A		14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed) N/A			



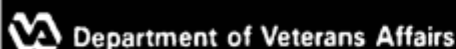
15a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERAN'S EDUCATIONAL ASSISTANCE PROGRAM		<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
b. HIGH SCHOOL GRADUATE OR EQUIVALENT		<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
16. DAYS ACCRUED LEAVE PAID	17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION		<input type="checkbox"/>	YES	<input type="checkbox"/>
18. REMARKS					

The information contained herein is subject to computer matching within the Department of Defense or with any other affected Federal or non-Federal agency for verification purposes and to determine eligibility for, and/or continued compliance with the requirements of a Federal benefit program.

19a. MAILING ADDRESS AFTER SEPARATION (Include Zip Code) 875 Everett Valley Sunrise, FL 33351		b. NEAREST RELATIVE (Name and address - include Zip Code)			
20. MEMBER REQUESTS COPY 6 BE SENT TO DIRECTOR OF VETERAN AFFAIRS		<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
21. SIGNATURE OF MEMBER BEING SEPARATED Christopher M. Derr		22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature)			

SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)

23. TYPE OF SEPARATION Medical		24. CHARACTER OF SERVICE (Include upgrades)			
25. SEPARATION AUTHORITY		26. SEPARATION CODE		27. REENTRY CODE	
28. NARRATIVE REASON FOR SEPARATION					
29. DATES OF TIME LOST DURING THIS PERIOD				30. MEMBER REQUESTS COPY 4 (Initials)	



APPLICATION FOR SURVIVORS' AND DEPENDENTS' EDUCATIONAL ASSISTANCE
 (Under Provisions of Chapter 35, Title 38, U.S.C.)
 See attached Information and Instructions

INTERNET VERSION AVAILABLE - You may complete and send your application over the Internet at: www.gibill.va.gov

PART I - APPLICANT INFORMATION

1A. NAME OF APPLICANT (FIRST-MIDDLE-LAST) Kurt Neil Bordner		1B. SOCIAL SECURITY NUMBER OF APPLICANT 000-00-0043	1C. DATE OF BIRTH OF APPLICANT 02-15-86
2A. SEX OF APPLICANT <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE		2B. APPLICANT'S E-MAIL ADDRESS Kurt.Bordner@hfit.com	
3A. RELATIONSHIP OF APPLICANT TO VETERAN <input type="checkbox"/> SPOUSE <input type="checkbox"/> SURVIVING SPOUSE <input checked="" type="checkbox"/> CHILD <input type="checkbox"/> STEPCCHILD <input type="checkbox"/> ADOPTED CHILD		3B. APPLICANT'S TELEPHONE NUMBER (Including Area Code) DAY: 601) 453-6709 EVENING: ()	
3C. MAILING ADDRESS OF APPLICANT (Number and street or rural route, city or P.O., State and ZIP Code) 8419 Parklane Blvd. Jackson, MS 39207			VA DATE STAMP (For VA Use Only)

4. HAVE YOU RECEIVED AN INFORMATION PAMPHLET EXPLAINING SURVIVORS' AND DEPENDENTS EDUCATIONAL ASSISTANCE BENEFITS?
 YES NO

PART II - INFORMATION CONCERNING DISABLED OR DECEASED VETERAN OR INDIVIDUAL ON ACTIVE DUTY

5A. NAME OF VETERAN OR INDIVIDUAL ON ACTIVE DUTY ON WHOSE ACCOUNT BENEFITS ARE CLAIMED (FIRST- MIDDLE -LAST) Joseph Paul Bordner			
5B. SOCIAL SECURITY NUMBER 000-00-0028		5C. VA FILE NUMBER (If known) 000 00 0028	
6. DATE OF BIRTH 10-17-49	7. BRANCH OF SERVICE Air Force	8. SERVICE NUMBER	9. DATE OF DEATH OR DATE LISTED AS MISSING IN ACTION OR P.O.W.

PART III - SPECIAL INFORMATION CONCERNING APPLICANT

10. IF YOU ARE THE SPOUSE OF A DISABLED VETERAN, IS A DIVORCE OR ANNULMENT PENDING?
 YES NO

11A. IF YOU ARE THE SURVIVING SPOUSE OF A DECEASED VETERAN, HAVE YOU REMARRIED SINCE HIS OR HER DEATH ?
 YES NO

11B. SURVIVING SPOUSE'S AGE AT TIME OF REMARRIAGE

NOTE - COMPLETE ITEM 12 ONLY IF YOU ARE A CIVILIAN EMPLOYEE OF THE U.S. GOVERNMENT

12A. DO YOU EXPECT TO RECEIVE FUNDS FROM YOUR AGENCY OR DEPARTMENT FOR THE SAME COURSE FOR WHICH YOU EXPECT TO RECEIVE VA EDUCATIONAL ASSISTANCE? (If you check "Yes," show the source of these funds in Item 12B) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	12B. SOURCE OF EDUCATIONAL ASSISTANCE FROM GOVERNMENT EMPLOYMENT
---	--

13. HAVE YOU EVER APPLIED FOR ANY OF THE FOLLOWING VA BENEFITS? (Check applicable box(es))

A. DISABILITY COMPENSATION OR PENSION

B. DEPENDENTS' INDEMNITY COMPENSATION (DIC)

C. VETERANS' EDUCATION ASSISTANCE BASED ON YOUR OWN SERVICE (Specify benefit) _____

D. VOCATIONAL REHABILITATION BENEFITS

E. SURVIVORS' AND DEPENDENTS EDUCATIONAL ASSISTANCE (Complete Items 14A and 14B)

F. OTHER (Specify) _____

G. NONE

Complete Item 14 only if you check Item 13E

14A. NAME OF VETERAN ON WHOSE ACCOUNT YOU PREVIOUSLY CLAIMED BENEFITS	14B. VETERAN'S FILE NUMBER
---	----------------------------

PART IV - APPLICANT'S MILITARY SERVICE

15. HAVE YOU EVER SERVED ON ACTIVE DUTY IN THE ARMED FORCES? (Including an initial period of active duty for training for a period of 3 months or more OR subsequent periods of active duty for training of 6 months or more) (If "NO," skip this part and continue to Part V)

YES NO

16. INFORMATION ABOUT YOUR PERIODS OF ACTIVE DUTY
(Please complete Items 16A through 16D for each period of your active duty)

A. DATE ENTERED ACTIVE DUTY	B. DATE SEPARATED FROM ACTIVE DUTY	C. BRANCH OF SERVICE OR RESERVE OR GUARD COMPONENT	D. CHARACTER OF DISCHARGE

PART V - PREVIOUS EDUCATION, TRAINING, AND EMPLOYMENT

17A. CHECK THE APPROPRIATE BOX AND ENTER THE DATE IN ITEM 17B

- GRADUATED FROM HIGH SCHOOL DISCONTINUED HIGH SCHOOL
 EXPECT TO GRADUATE GED
 NEVER ATTENDED HIGH SCHOOL

17B. DATE

18. EDUCATION (Include all apprenticeships and on-the-job training)

TYPE OF SCHOOL	NAME AND LOCATION OF SCHOOL (City and State)	DATES OF TRAINING		NUMBER OF SEMESTER, QUARTER, OR CLOCK HOURS COMPLETED	DEGREE, DIPLOMA, OR CERTIFICATE RECEIVED	MAJOR FIELD OR COURSE OF STUDY
		FROM	TO			
ELEMENTARY SCHOOL						
HIGH SCHOOL						
COLLEGE						
VOCATIONAL OR TRADE						
OTHER						

19. EMPLOYMENT

EMPLOYMENT	PRINCIPAL OCCUPATION	NUMBER OF MONTHS EMPLOYED IN THAT OCCUPATION	LICENSE OR RATING

PART VI - PROGRAM OF EDUCATION OR TRAINING

20A. DO YOU KNOW YOUR EDUCATIONAL OR CAREER GOAL? (If "YES," please specify)

YES NO

20B. HAVE YOU SELECTED A SPECIFIC PROGRAM OF EDUCATION? (If "YES," list below each diploma, vocational course, job training program, or test you need to reach the goal specified in Item 20A. If "NO," leave blank)

YES NO

20C. EDUCATION OR TRAINING WILL BE BY: (Check more than one if necessary)

- COLLEGE OR OTHER SCHOOL
 APPRENTICESHIP OR OTHER ON-THE-JOB TRAINING
 LICENSING OR CERTIFICATION TEST
 NATIONAL ADMISSION EXAMS OR NATIONAL EXAMS FOR CREDIT
 CORRESPONDENCE COURSE (Spouse or surviving spouse only)
 FARM COOPERATIVE

<p>20D. HAVE YOU SELECTED YOUR SCHOOL OR TRAINING ESTABLISHMENT? (if you have selected a school, check "YES," and specify its complete name and mailing address. If you have not selected a school, check "NO." If you are only applying for reimbursement of test fees, skip to Item 21.)</p> <p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>NAME AND ADDRESS OF SCHOOL OR TRAINING ESTABLISHMENT (Number and street or rural route, city or P.O., State and ZIP Code)</p> <p>University of Alabama at Birmingham 1530 Third Avenue S. Birmingham, AL 35294</p>
<p>20E. DO YOU KNOW THE DATE YOU WILL BEGIN YOUR SCHOOLING OR TRAINING? (If, "YES," specify the date)</p> <p>No</p>	<p>ANTICIPATED BEGINNING DATE (MONTH/YEAR) OF TRAINING</p>
<p>20F. ARE YOU A HANDICAPPED CHILD, 14 YEARS OR OLDER, SPOUSE, OR SURVIVING SPOUSE SEEKING SPECIAL RESTORATIVE TRAINING? (See Instructions)</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p>	<p>20G. ARE YOU A HANDICAPPED CHILD, SPOUSE, OR SURVIVING SPOUSE SEEKING SPECIALIZED VOCATIONAL TRAINING? (See Instructions)</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p>

PART VII - ELECTION (CHILD ONLY)

IMPORTANT: You may not receive payments of Dependency and Indemnity Compensation (DIC) or Pension and you may not be claimed as a dependent in a compensation claim while receiving Survivors' and Dependents' educational assistance (DEA). CAREFULLY READ THE INSTRUCTIONS BEFORE COMPLETING THIS ELECTION BLOCK. YOU ARE STRONGLY ENCOURAGED TO DISCUSS YOUR ELECTION WITH A VA COUNSELOR.

<p>21A. I CERTIFY THAT I understand the effects of an election to receive DEA benefits and that I elect to receive such benefits from the following date:</p>	<p>21B. DATE OF ELECTION</p>
---	------------------------------

22. REMARKS (Use this space to provide information that does not fit elsewhere on this form or that will help VA process your claim. Refer to the item numbers on this form to help us match your answers to the correct questions. If more space is needed, please attach separate sheets of paper. Be sure to place your name and Social Security Number on each additional page)

PART VIII - CERTIFICATION AND SIGNATURE OF APPLICANT
(All Applicants Must Complete This Part)

I CERTIFY THAT all statements in my application are true and correct to the best of my knowledge and belief.

PENALTY: Willfully false statements as to a material fact in a claim for education benefits is a punishable offense and may result in the forfeiture of these or other benefits and in criminal penalties.

<p>23A. SIGNATURE OF APPLICANT (Do NOT Print)</p> <p>SIGN HERE IN INK ► Kirk Boardner</p>	<p>23B. DATE SIGNED</p> <p>11-04-07</p>
---	---

PART IX - SIGNATURE OF PARENT, GUARDIAN, OR CUSTODIAN
(This section must be completed if you are a minor child)

<p>24A. NAME OF PARENT, GUARDIAN, OR CUSTODIAN (Type or print)</p>	<p>24B. TELEPHONE NUMBER AND MAIL ADDRESS OF PARENT, GUARDIAN, OR CUSTODIAN (Include Area Code).</p>
<p>25A. SIGNATURE OF (Check one) (DO NOT PRINT)</p> <p><input type="checkbox"/> PARENT <input type="checkbox"/> GUARDIAN <input type="checkbox"/> CUSTODIAN</p> <p>SIGN HERE IN INK ►</p>	<p>25B. DATE SIGNED</p>

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, First, Middle) Gonzales, Roberto J.		2. DEPARTMENT, COMPONENT AND BRANCH U.S. Army, Armor		3. SOCIAL SECURITY NUMBER 000 00 0059	
4.a. GRADE, RATE OR RANK CPL	b. PAY GRADE E4	5. DATE OF BIRTH (YYYYMMDD) 19700717	6. RESERVE OBLIGATION TERMINATION DATE (YYYYMMDD) 20080623		
7a. PLACE OF ENTRY INTO ACTIVE DUTY Fort Benning, AL		b. HOME OF RECORD AT TIME OF ENTRY (City and State, or complete address if known) Fort Benning			
8a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND			b. STATION WHERE SEPARATED		
9. COMMAND TO WHICH TRANSFERRED				10. SGLI COVERAGE <input type="checkbox"/> NONE AMOUNT: \$	
11. PRIMARY SPECIALTY (List number, title and years and months in specialty. List additional specialty numbers and titles involving periods of one or more years.) 19K Armor Crew		12. RECORD OF SERVICE		YEAR(S)	MONTH(S)
		a. DATE ENTERED AD THIS PERIOD			
		b. SEPARATION DATE THIS PERIOD			
		c. NET ACTIVE SERVICE THIS PERIOD			
		d. TOTAL PRIOR ACTIVE SERVICE			
		e. TOTAL PRIOR INACTIVE SERVICE			
		f. FOREIGN SERVICE			
		g. SEA SERVICE			
		h. EFFECTIVE DATE OF PAY GRADE	2004	04	18
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) N/A			14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed) N/A		
15a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERAN'S EDUCATIONAL ASSISTANCE PROGRAM		<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
b. HIGH SCHOOL GRADUATE OR EQUIVALENT		<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
16. DAYS ACCRUED LEAVE PAID	17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION			<input type="checkbox"/>	YES
		<input type="checkbox"/>	NO		
18. REMARKS					
The information contained herein is subject to computer matching within the Department of Defense or with any other affected Federal or non-Federal agency for verification purposes and to determine eligibility for, and/or continued compliance with the requirements of a Federal benefit program.					
19a. MAILING ADDRESS AFTER SEPARATION (Include Zip Code) 743 Hart Country Lane Augusta, GA 30901			b. NEAREST RELATIVE (Name and address - include Zip Code)		
20. MEMBER REQUESTS COPY 6 BE SENT TO		DIRECTOR OF VETERAN AFFAIRS		<input type="checkbox"/>	YES
		<input type="checkbox"/>	NO		
21. SIGNATURE OF MEMBER BEING SEPARATED Robert J. Gonzalez		22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature) Robert			

RECEIVED
DEC 05, 2007
 VARO, MAIL ACTIVITY
 ATLANTA, GA
 4

SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)

23. TYPE OF SEPARATION Medical		24. CHARACTER OF SERVICE (Include upgrades)			
25. SEPARATION AUTHORITY		26. SEPARATION CODE		27. REENTRY CODE	
28. NARRATIVE REASON FOR SEPARATION					
29. DATES OF TIME LOST DURING THIS PERIOD				30. MEMBER REQUESTS COPY 4 (Initials)	

RESPONDENT BURDEN: VA may not conduct or sponsor, and respondent is not required to respond to this collection of information unless it displays a valid OMB Control Number. Public reporting burden for this collection of information is estimated to average 35 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have comments regarding this burden estimate or any other aspect of this collection of information, call 1-888-GI-BILL-1 (1-888-442-4551) for mailing information on where to send your comments.

PRIVACY ACT INFORMATION: No benefits may be paid unless a completed application has been received (38 U.S.C. 3471). The information requested on this form is necessary to determine your eligibility to education benefits. The responses you submit are considered confidential (38 U.S.C. 5701), and may be disclosed outside VA only if the disclosure is authorized under the Privacy Act, including the routine uses identified in the VA system of records, 58VA21/22, Compensation, Pension, Education and Rehabilitation Records - VA, published in the Federal Register. Information submitted is subject to review through computer matching programs with other agencies for the purposes of eligibility verification and debt collection.

OMB Approved No. 2900-0154; Respondent Burden: 35 minutes
Form Date: July 2000



CERTIFICATION AND SIGNATURE OF APPLICANT

I CERTIFY THAT all statements in my application are true and complete to the best of my knowledge and belief.

PENALTY: Willfully false statement as to a material fact in a claim for education benefits is a punishable offense and may result in the forfeiture of these or other benefits and in criminal penalties.

Dino Bonin

11-05-2006

SIGNATURE OF APPLICANT (DO NOT PRINT)

DATE SIGNED

PART II - CERTIFICATION FOR PERSONS ON ACTIVE DUTY

I CERTIFY THAT this individual is a member of the branch of the Armed Forces shown below and has consulted with me regarding his/her education program.

SIGNATURE, TITLE AND BRANCH OF ARMED FORCES EDUCATION
SERVICE OFFICER

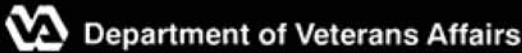
DATE SIGNED

SSN:

Conf.#:
Submission Date:

VA Form 22-1990 (VONAPP)
Page 8 of 8

VA FORM 22-1990



APPEAL TO BOARD OF VETERANS' APPEALS

IMPORTANT: Read the attached instructions before you fill out this form. VA also encourages you to get assistance from your representative in filling out this form.

1. NAME OF VETERAN (Last Name, First Name, Middle Initial) Cermack, Vernon Ruddy	2. CLAIM FILE NO. (Include prefix) 000 00 0063	3. INSURANCE FILE NO., OR LOAN NO.
--	--	------------------------------------

4. I AM THE:

VETERAN VETERAN'S WIDOWER VETERAN'S CHILD VETERAN'S PARENT

OTHER (Specify)

5. TELEPHONE NUMBERS		6. MY ADDRESS IS: (Number & Street or Post Office Box, City, State & ZIP Code) 1415 Cardinal Drive Tupelo, MS 38801
A. HOME (Include Area Code) 662-451-3210	B. WORK (Include Area Code) 662-453-1415	
7. IF I AM NOT THE VETERAN, MY NAME IS: (Last Name, First Name, Middle Initial)		<div style="border: 2px solid red; padding: 5px; transform: rotate(-2deg);"> <p style="text-align: center; font-weight: bold; font-size: 1.2em;">RECEIVED</p> <p style="text-align: center; font-weight: bold; font-size: 1.1em;">DEC 05, 2007</p> <p style="text-align: center; font-weight: bold; font-size: 1.1em;">VARO, MAIL ACTIVITY ATLANTA, GA</p> <p style="text-align: center; font-weight: bold; font-size: 1.1em;">4</p> </div>
8. HEARING		

IMPORTANT: Read the information about this block in paragraph 6 of the attached instructions. This block is used to request a Board of Veterans' Appeals hearing. DO NOT USE THIS FORM TO REQUEST A HEARING BEFORE VA REGIONAL OFFICE PERSONNEL.
Check one (and only one) of the following boxes:

- A. I DO NOT WANT A BVA HEARING.
- B. I WANT A BVA HEARING IN WASHINGTON, DC.
- C. I WANT A BVA HEARING AT A LOCAL VA OFFICE BEFORE A MEMBER, OR MEMBERS, OF THE BVA.
(Not available at Washington, DC, or Baltimore, MD, Regional Offices.)

9. THESE ARE THE ISSUES I WANT TO APPEAL TO THE BVA: (Be sure to read the information about this block in paragraph 6 of the attached instructions.)

A. I WANT TO APPEAL ALL OF THE ISSUES LISTED ON THE STATEMENT OF THE CASE AND ANY SUPPLEMENTAL STATEMENTS OF THE CASE THAT MY LOCAL VA OFFICE SENT TO ME.

B. I HAVE READ THE STATEMENT OF THE CASE AND ANY SUPPLEMENTAL STATEMENT OF THE CASE I RECEIVED. I AM ONLY APPEALING THESE ISSUES:
(List below.)

Kicker not added to monthly rate

10. HERE IS WHY I THINK THAT VA DECIDED MY CASE INCORRECTLY: (Be sure to read the information about this block in paragraph 6 of the attached instructions.)

I believe my kicker contract was misplaced, but I have provided a copy.

(Continue on the back, or attach sheets of paper, if you need more space.)

11. SIGNATURE OF PERSON MAKING THIS APPEAL Vivian Carmack	12. DATE 10-20-2006	13. SIGNATURE OF APPOINTED REPRESENTATIVE, IF ANY (Not required if signed by appellant. See paragraph 6 of the instructions.)	14. DATE
---	-------------------------------	--	----------

Authority For Tuition Assistance - Education Services Program

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 8013 and EO 9397.

PRINCIPAL PURPOSE: To process an individual's request for Air Force tuition assistance. Use of SSN is necessary to make positive identification of the individual and records.

ROUTINE USES: Records may be disclosed to civilian schools for the purposes of ensuring correct enrollment and billing information.

DISCLOSURE IS VOLUNTARY: Disclosure of SSN is voluntary; however, failure to provide the information required may result in disapproval of the individual's request for tuition assistance.

Student Personal Data:

LASTNAME - FIRSTNAME - MIDDLE INITIAL

Chavarin, Derrick L.

RANK

2LT

DOS

Aug 18, 1999

SSAN

000-00-0082

ORGANIZATION

Aero Systems

DUTY PHONE

720-451-1619

NAME OF SCHOOL

Rollins University

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Student Enrollment Data:

Code	Course Title	Hours	Start Date	End Date	Level	Loc	Cost	Pay Meth
DSY1101	Abnormal Behaviour	3	09-24-01	12-05-01	D	M	1900.00	A

Per Hour Cost	Total Lab Fees	Total Course Cost	Total Government Cost	Total Student Cost	
				\$1900.00	

Conditions and Certifications

I agree that no changes will be made in the above course or dollar amounts without the approval of the issuing education center staff; otherwise, I will pay the difference to the Air Force and/or the school. I understand that the Air Force will pay 75% of my tuition or fee. I agree to pay the remaining amount and any other costs and fees. I will reimburse the Air Force for the above amount if I fail to complete the course for reasons within my control. I hereby voluntarily authorize the amount to be withdrawn from my pay if it is determined that my failure to complete the course was not due to circumstances beyond my control. I authorize the release of academic information (course grades, completion status) by the above institution to the Air Force (PL 93-568). I agree to notify the education services office of degree completion or completion of 15 semester hour increments (or quarter hour equivalent) according to AFI 36-2305 for update of my military record. I understand that tuition assistance is not authorized for any course in which I am receiving reimbursement in whole or part under any other provision of the law where the payment would constitute a duplication of benefits from the U.S. Government (Veterans Administration (VA) Education Allowances, VEAP, etc.). I agree (officers only) to remain on active duty for at least 2 years following the end of the course. I understand that offers to repay Tuition Assistance after completing a course will not remove the ADSC. Only the Secretary of the Air Force or his designee may excuse my obligation to serve on active duty for the period specified on this agreement.

Initial: DLC I will inform my Commander and/or supervisor of my enrollment in the above course. If necessary I will disenroll from the above course before the first class meeting.

Signature of Applicant: *Derrick L. Chavarin* **Date:** *07-15-01*

Verification By MPF/ESO (Education Services Office)

Initial: Approved. This applicant has been counseled and is considered qualified for the course. Eligibility is based on the certification above. Funds are available.

Disapproved Because:

Signature of Education Services Officer Representative: **Date:**

Mail Invoices To:

Accounting Classification:

Master Account TA Doc # EEIC

Amount to be Invoiced:

RESPONDENT BURDEN: VA may not conduct or sponsor, and respondent is not required to respond to this collection of information unless it displays a valid OMB Control Number. Public reporting burden for this collection of information is estimated to average 35 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have comments regarding this burden estimate or any other aspect of this collection of information, call 1-888-GI-BILL-1 (1-888-442-4551) for mailing information on where to send your comments.

PRIVACY ACT INFORMATION: No benefits may be paid unless a completed application has been received (38 U.S.C. 3471). The information requested on this form is necessary to determine your eligibility to education benefits. The responses you submit are considered confidential (38 U.S.C. 5701), and may be disclosed outside VA only if the disclosure is authorized under the Privacy Act, including the routine uses identified in the VA system of records, 58VA21/22, Compensation, Pension, Education and Rehabilitation Records - VA, published in the Federal Register. Information submitted is subject to review through computer matching programs with other agencies for the purposes of eligibility verification and debt collection.

OMB Approved No. 2900-0154; Respondent Burden: 35 minutes
Form Date: July 2000



CERTIFICATION AND SIGNATURE OF APPLICANT

I CERTIFY THAT all statements in my application are true and complete to the best of my knowledge and belief.

PENALTY: Willfully false statement as to a material fact in a claim for education benefits is a punishable offense and may result in the forfeiture of these or other benefits and in criminal penalties.

Raymond Gray

09-16-2006

SIGNATURE OF APPLICANT (DO NOT PRINT)

DATE SIGNED

PART II - CERTIFICATION FOR PERSONS ON ACTIVE DUTY

I CERTIFY THAT this individual is a member of the branch of the Armed Forces shown below and has consulted with me regarding his/her education program.

SIGNATURE, TITLE AND BRANCH OF ARMED FORCES EDUCATION
SERVICE OFFICER

DATE SIGNED

SSN:

Conf.#:
Submission Date:

VA Form 22-1990 (VONAPP)
Page 8 of 8

VA FORM 22-1990

Department of Veterans Affairs
Regional Processing Office



000-02-2004

To Whom It May Concern,

With reference to stop payment of the Montgomery GI Bill-Selected Reserve (Chapter 1606), I am writing this letter to inform the Department of Veterans Affairs that I the soldier totally disagree with the decision of possible repayment of benefits received after December 18, 2005.

The reasons I disagree is because on December 18, 2005 I was discharged from the Army National with a General Discharged under honorable conditions. Four months later, I voluntarily joined the Army Reserve on April 29, 2006 (1/319th 7th BDE 80th (DIV), 280 Mahone Avenue, Ft. Lee, VA). It was my understanding, because I was joining the Reserve under the exact same contract that nothing would change. I would either lose my educational benefits or have to repay any educational benefits received while in the National Guard or Reserve component. This was told to me by my recruiter SGT Edward P. Eitel. Later in the month of June 2007 I called the Department of Veterans Affairs to find out how many months I had remaining to be able to use my GI Bill. The customer service representative told me I had ten months of educational benefits remaining. Since I have become eligible for the Montgomery GI Bill, each college have attend has processed my paperwork every semester and The Department of Veterans Affairs has approved the paperwork each semester and deposited a check into my savings account each month. I had no knowledge what so ever that my educational benefits were supposed to be stopped effective December 18, 2005.

I am not disagreeing with whether or not my educational benefits should continue. I am disagreeing with repayment of my educational benefits. After receiving information my recruiter and the representative telling me the exact amount of months I was entitled to. How was I supposed to know? Do to know fault my own possible repayment my occur If payment of Montgomery GI -Bill Selected Reserve (Chapter 1606) benefits were stopped December 18, 2005, there is no reason why two years and four months later I am just receiving a letter informing me of the termination. If it was terminated on December 18, 2005 it should have been stopped December 18, 2005. Instead The Department of Veterans Affairs allowed me to use my educational benefits semester after semester and month after month. I did not fail as a soldier doing my job, the employees of the Department of Veterans Affairs and the Department of Defense failed on doing their jobs. There is absolutely no reason why I should be held accountable for that. Most importantly, I cannot afford to pay back the money received. I am currently enrolled in college. I cannot afford to pay back this as well as college loans.

I look forward to hearing from you soon.

Sincerely Yours,

Salomon Triday

(Example of information needed.)
Application for Licensing and Certification Testing Fee Reimbursement

First-Middle -Last Name of Applicant Sylvia Rosa Santiago		Social Security No.: 000-00-0077 VA File No. (If Different): (For Proper Payment Of Benefits Dependents Must Use VA File No.)
Mailing Address 371 Morgan Street Tallahassee, FL 32301		Home Telephone No. (Include Area Code) 850-763-1510 Work Telephone No. (Include Area Code) 850-777-9816
Have you applied for VA Benefits Before? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If no, please also complete VA form 22-1990 (Veteran) or VA form 22-5490 (Dependent) and submit it with this application. To request a copy of either form, call 1-800-827-1000.		
Name of Test Teaching Certificate	Name and Address of Organization Issuing License Florida State Certification Board P.O. Box 1516 Tallahassee, FL 32308	
Date Test Taken: 07-15-06		
Cost of Test: \$120.00		
I hereby authorize the release of my test information to the Department of Veterans Affairs.		
Date Signed 08-14-06	Signature of Applicant (Do Not Print) <i>Sylvia Rosa Santiago</i>	
Please return this form and a copy of your test results to the VA Office which handles		



Massachusetts Tests for Educator Licensure™







Test Date:
 See reverse side for an explanation of how to read your score report.

TO:

Your scores have been sent to the Massachusetts Department of Education and the following Massachusetts institution:
 UMASS: Lowell

Test: 01 Communication and Literacy Skills

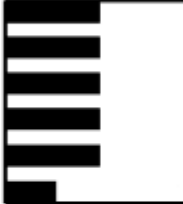
Subtest: Reading		Subtest: Writing	
Your Score:	Min. Qualifying Score:	Your Score:	Min. Qualifying Score:
Status:		Status:	

Subarea Name	Graphic Display
Word Meaning.....	
Main Idea and Detail.....	
Writer's Purpose.....	
Idea Relationships.....	
Critical Reasoning.....	
Study Skills.....	

Subarea Name	Graphic Display
Mechanics Exercise.....	
Grammar and Usage.....	
Summary Exercise.....	
Composition Exercise.....	

Test: 09 Mathematics

Your Score:	Minimum Qualifying Score:	Status:
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Number of Questions	Subarea Name	Graphic Display
11 to 20	Number Sense and Operations.....	
21 to 30	Patterns, Relations, and Algebra.....	
11 to 20	Geometry and Measurement.....	
11 to 20	Data Analysis, Statistics, & Probability.....	
11 to 20	Trig, Calculus, and Discrete Mathematics.....	
2	Integration of Knowledge and Understanding.....	

Examinee Name: Sylvia Rosa Santiago	Social Security Number: 000-00-0077
-------------------------------------	-------------------------------------

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, First, Middle) Raposa, Rod Allen		2. DEPARTMENT, COMPONENT AND BRANCH U.S. Army Specialist Forces		3. SOCIAL SECURITY NUMBER 000 00 0073	
4.a. GRADE, RATE OR RANK SGT	b. PAY GRADE E5	5. DATE OF BIRTH (YYYYMMDD) 19700316	6. RESERVE OBLIGATION TERMINATION DATE (YYYYMMDD) 20090515		
7a. PLACE OF ENTRY INTO ACTIVE DUTY Jacksonville, FL		b. HOME OF RECORD AT TIME OF ENTRY (City and State, or complete address if known) West Point, GA 31833			
8a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND			b. STATION WHERE SEPARATED		
9. COMMAND TO WHICH TRANSFERRED				10. SGLI COVERAGE <input type="checkbox"/> NONE AMOUNT: \$	
11. PRIMARY SPECIALTY (List number, title and years and months in specialty. List additional specialty numbers and titles involving periods of one or more years.) 18B Special Forces Engineer Sergeant		12. RECORD OF SERVICE		YEAR(S)	MONTH(S)
		a. DATE ENTERED AD THIS PERIOD			
		b. SEPARATION DATE THIS PERIOD			
		c. NET ACTIVE SERVICE THIS PERIOD			
		d. TOTAL PRIOR ACTIVE SERVICE			
		e. TOTAL PRIOR INACTIVE SERVICE			
		f. FOREIGN SERVICE			
		g. SEA SERVICE			
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) N/A		14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed) N/A			

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15a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERAN'S EDUCATIONAL ASSISTANCE PROGRAM		<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
b. HIGH SCHOOL GRADUATE OR EQUIVALENT		<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
16. DAYS ACCRUED LEAVE PAID	17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION			<input type="checkbox"/>	YES
				<input type="checkbox"/>	NO

18. REMARKS

The information contained herein is subject to computer matching within the Department of Defense or with any other affected Federal or non-Federal agency for verification purposes and to determine eligibility for, and/or continued compliance with the requirements of a Federal benefit program.

19a. MAILING ADDRESS AFTER SEPARATION (Include Zip Code)	b. NEAREST RELATIVE (Name and address - include Zip Code)
--	---

20. MEMBER REQUESTS COPY 6 BE SENT TO	DIRECTOR OF VETERAN AFFAIRS	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
21. SIGNATURE OF MEMBER BEING SEPARATED	22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature)				
Rod Raposa					

SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)

23. TYPE OF SEPARATION End of Service	24. CHARACTER OF SERVICE (Include upgrades)	
25. SEPARATION AUTHORITY	26. SEPARATION CODE LAK	27. REENTRY CODE
28. NARRATIVE REASON FOR SEPARATION		
29. DATES OF TIME LOST DURING THIS PERIOD		30. MEMBER REQUESTS COPY 4 (Initials)

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, First, Middle) Miller Kirk Newman		2. DEPARTMENT, COMPONENT AND BRANCH U.S. Army Corps of Engineer		3. SOCIAL SECURITY NUMBER 000 00 0066	
4.a. GRADE, RATE OR RANK SPC	b. PAY GRADE E4	5. DATE OF BIRTH (YYYYMMDD) 19690421	6. RESERVE OBLIGATION TERMINATION DATE (YYYYMMDD) 20080615		
7a. PLACE OF ENTRY INTO ACTIVE DUTY Ft. Benning		b. HOME OF RECORD AT TIME OF ENTRY (City and State, or complete address if known) Doral, FL 33178			
8a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND			b. STATION WHERE SEPARATED		
9. COMMAND TO WHICH TRANSFERRED				10. SGLI COVERAGE <input type="checkbox"/> NONE AMOUNT: \$	
11. PRIMARY SPECIALTY (List number, title and years and months in specialty. List additional specialty numbers and titles involving periods of one or more years.) 21D Diver		12. RECORD OF SERVICE		YEAR(S)	MONTH(S)
		a. DATE ENTERED AD THIS PERIOD			
		b. SEPARATION DATE THIS PERIOD			
		c. NET ACTIVE SERVICE THIS PERIOD			
		d. TOTAL PRIOR ACTIVE SERVICE			
		e. TOTAL PRIOR INACTIVE SERVICE			
		f. FOREIGN SERVICE			
		g. SEA SERVICE			
h. EFFECTIVE DATE OF PAY GRADE					
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) N/A			14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed) N/A		

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15a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERAN'S EDUCATIONAL ASSISTANCE PROGRAM		<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
b. HIGH SCHOOL GRADUATE OR EQUIVALENT		<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
16. DAYS ACCRUED LEAVE PAID	17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

18. REMARKS

The information contained herein is subject to computer matching within the Department of Defense or with any other affected Federal or non-Federal agency for verification purposes and to determine eligibility for, and/or continued compliance with the requirements of a Federal benefit program.

19a. MAILING ADDRESS AFTER SEPARATION (Include Zip Code)		b. NEAREST RELATIVE (Name and address - include Zip Code)			
20. MEMBER REQUESTS COPY 6 BE SENT TO DIRECTOR OF VETERAN AFFAIRS		<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
21. SIGNATURE OF MEMBER BEING SEPARATED Kirk Miller		22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature)			

SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)					
23. TYPE OF SEPARATION End of Service		24. CHARACTER OF SERVICE (Include upgrades)			
25. SEPARATION AUTHORITY		26. SEPARATION CODE		27. REENTRY CODE	
28. NARRATIVE REASON FOR SEPARATION					
29. DATES OF TIME LOST DURING THIS PERIOD				30. MEMBER REQUESTS COPY 4 (Initials)	

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, First, Middle) Beck, Josephine Kathleen		2. DEPARTMENT, COMPONENT AND BRANCH U.S. Army		3. SOCIAL SECURITY NUMBER 000 00 0084	
4.a. GRADE, RATE OR RANK E6	b. PAY GRADE E6	5. DATE OF BIRTH (YYYYMMDD) 19720215	6. RESERVE OBLIGATION TERMINATION DATE (YYYYMMDD) 20090630		
7a. PLACE OF ENTRY INTO ACTIVE DUTY Jacksonville, FL		b. HOME OF RECORD AT TIME OF ENTRY (City and State, or complete address if known) 314 Patriot Drive., St. Augustine, FL 32885			
8a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND Jacksonville NAS			b. STATION WHERE SEPARATED Jacksonville NAS		
9. COMMAND TO WHICH TRANSFERRED				10. SGLI COVERAGE <input type="checkbox"/> NONE AMOUNT: \$	
11. PRIMARY SPECIALTY (List number, title and years and months in specialty. List additional specialty numbers and titles involving periods of one or more years.) Bravo 23, 15A Aircraft Powertrain Repair		12. RECORD OF SERVICE		YEAR(S)	MONTH(S)
		a. DATE ENTERED AD THIS PERIOD			
		b. SEPARATION DATE THIS PERIOD			
		c. NET ACTIVE SERVICE THIS PERIOD			
		d. TOTAL PRIOR ACTIVE SERVICE			
		e. TOTAL PRIOR INACTIVE SERVICE			
		f. FOREIGN SERVICE			
		g. SEA SERVICE			
h. EFFECTIVE DATE OF PAY GRADE					
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) N/A			14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed) N/A		



15a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERAN'S EDUCATIONAL ASSISTANCE PROGRAM		<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
b. HIGH SCHOOL GRADUATE OR EQUIVALENT		<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
16. DAYS ACCRUED LEAVE PAID	17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION		<input type="checkbox"/>	YES	<input type="checkbox"/>
18. REMARKS					

The information contained herein is subject to computer matching within the Department of Defense or with any other affected Federal or non-Federal agency for verification purposes and to determine eligibility for, and/or continued compliance with the requirements of a Federal benefit program.

19a. MAILING ADDRESS AFTER SEPARATION (Include Zip Code)		b. NEAREST RELATIVE (Name and address - include Zip Code)			
20. MEMBER REQUESTS COPY 6 BE SENT TO DIRECTOR OF VETERAN AFFAIRS		<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
21. SIGNATURE OF MEMBER BEING SEPARATED Josphine Beck		22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature)			

SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)

23. TYPE OF SEPARATION End of Service		24. CHARACTER OF SERVICE (Include upgrades)			
25. SEPARATION AUTHORITY		26. SEPARATION CODE LAC		27. REENTRY CODE	
28. NARRATIVE REASON FOR SEPARATION					
29. DATES OF TIME LOST DURING THIS PERIOD				30. MEMBER REQUESTS COPY 4 (Initials)	

CERTIFICATE OF MARRIAGE

This Certifies That

_____ Joshua R. Seelye _____ and _____ Sarah W. Kennedy _____
were united by me in

MARRIAGE



on the 12th _____ day of May _____ in the year of Our
Lord One Thousand Nine Hundred and Fifty Four _____
at Southside Baptist Church _____

Witnesses Jim Kennedy _____

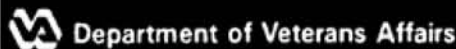
Elisa Jones _____

Officiant William Bernard _____

Title Reverend _____

MARRAGE

000-02-2002




APPLICATION FOR VA EDUCATION BENEFITS

(See attached information and instructions)

INTERNET VERSION AVAILABLE - You may complete and send your application over the Internet at: www.gibill.va.gov

PART I - APPLICANT AND BENEFIT INFORMATION

(All Applicants Must Complete This Part)

1A. NAME OF APPLICANT (First, Middle, Last) Eric Matthew Crays			VA DATE STAMP (Do Not Write In This Space) 		
1B. SOCIAL SECURITY NUMBER OF APPLICANT 000-00-0091		1C. VA FILE NUMBER (If previously assigned)			
2A. APPLICANT'S ADDRESS (Number, street or rural route, city or P.O., State and ZIP Code) (Please provide 9 digit ZIP code if known) 1501 Broadway Street Gainesville, FL 32603					
2B. SEX OF APPLICANT <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	2C. APPLICANT'S DATE OF BIRTH 08-22-81	2D. APPLICANT'S E-MAIL ADDRESS emcrays01@yahoo.com		3. APPLICANT'S TELEPHONE NUMBER (Include Area Code)	
				A. DAY	B. EVENING
4. DESCRIPTION OF VA EDUCATION PROGRAMS (Check (✓) the box next to each benefit you wish to apply for)					
A. MONTGOMERY GI BILL EDUCATIONAL ASSISTANCE PROGRAM (title 38, U. S. C., chapter 30). If you served or are currently serving on active duty, you may be eligible to receive this benefit. Check the box to the right if you: <ul style="list-style-type: none"> entered active duty for the first time after June 30, 1985, OR were eligible to receive Vietnam Era Veterans' Educational Assistance (title 38, U.S.C., chapter 34) benefits on December 31, 1989, OR were discharged under one of the qualifying separation programs shown in the instructions, OR were a participant under the Post-Vietnam Era Veterans' Educational Assistance program commonly referred to as VEAP (title 38, U.S.C., chapter 32) and elected this benefit during one of the open window periods shown in the instructions. 					<input checked="" type="checkbox"/>
B. MONTGOMERY GI BILL - SELECTED RESERVE EDUCATIONAL ASSISTANCE PROGRAM (title 10, U. S. C., chapter 1606). This benefit is based on Selected Reserve service (Reserve or National Guard). Check the box to the right if you had at least a six-year reserve obligation after June 30, 1985. (NOTE: Department of Defense (DoD) determines eligibility for this program)					<input type="checkbox"/>
C. RESERVE EDUCATIONAL ASSISTANCE PROGRAM (title 10, U.S.C., chapter 1607). This benefit is for a Reservist called to active duty to support contingency operations. Check the box to the right if you were called to active duty to support contingency or other specific operations. (NOTE: Department of Defense (DoD) determines eligibility for this program)					<input type="checkbox"/>
D. POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM commonly referred to as VEAP, (title 38, U.S.C., chapter 32, or section 903 of Public Law 96-342). Check the box to the right if you: <ul style="list-style-type: none"> served on active duty at any time from January 1, 1977 through June 30, 1985, AND either contributed funds or had your service branch make contributions for you. 					<input type="checkbox"/>
E. NATIONAL CALL TO SERVICE PROGRAM (title 10, U.S.C., chapter 31, section 510). Check the box to the right if you: <ul style="list-style-type: none"> entered on or after October 1, 2003 under the National Call to Service program, AND selected one of the education incentives provided by that program Check this box to the right only if you've selected one of the two Educational Allowance Incentive options. (If you checked this box, be sure to complete Part IV)					<input type="checkbox"/>
F. THE "TRANSFER OF ENTITLEMENT" PROGRAM (title 38, U.S.C., chapter 30, section 3020). Check the box to the right if you: <ul style="list-style-type: none"> are a spouse or child of a person who qualified for the Montgomery GI Bill Educational Assistance Program (chapter 30), AND believe that your parent or spouse transferred entitlement to you (If you checked this box, be sure to complete Part V)					<input type="checkbox"/>

5. DIRECT DEPOSIT INFORMATION

Please send a voided personal check or provide the following information.
Direct Deposit is not available for the Post-Vietnam Era Veterans' Educational Assistance Program (Chapter 32)

A. TYPE OF ACCOUNT		
<input checked="" type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> I DO NOT HAVE AN ACCOUNT		
B. NAME OF FINANCIAL INSTITUTION	C. 9 DIGIT ROUTING OR TRANSIT NUMBER	D. ACCOUNT NUMBER
Bank of America	103422501	148423-07
6. TYPE OF VA EDUCATION BENEFITS PREVIOUSLY APPLIED FOR? (Check all applicable boxes)		
<input type="checkbox"/> A. VETERAN'S EDUCATION BENEFITS (Any of the VA benefits shown in Item 4) (Specify benefit _____)	<input type="checkbox"/> B. PREVIOUS VETERAN'S EDUCATION BENEFITS (Specify benefit _____)	
<input type="checkbox"/> C. VOCATIONAL REHABILITATION BENEFITS (Chapter 31)	<input type="checkbox"/> D. DEPENDENTS' EDUCATIONAL ASSISTANCE BENEFITS (Chapter 35) (Complete Items 7A and 7B)	
<input type="checkbox"/> E. OTHER (Specify benefit _____)	<input checked="" type="checkbox"/> F. NONE	
NOTE - COMPLETE ITEMS 7A AND 7B ONLY IF YOU CHECKED ITEM 6D		
7A. NAME OF PARENT/SPOUSE (See Instructions)	7B. FILE NUMBER OF PARENT/SPOUSE (See Instructions)	
8. HAVE YOU RECEIVED AN INFORMATION PAMPHLET EXPLAINING THE EDUCATION BENEFIT OR BENEFITS YOU ARE APPLYING FOR? (See Instructions)		
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
9. PROGRAM OF EDUCATION OR TRAINING		
A. DO YOU KNOW YOUR EDUCATIONAL OR CAREER GOAL? (If you know this goal, please specify. If you do not know your goal, check "No" then skip to Item 9C.)		
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
B. HAVE YOU SELECTED A SPECIFIC PROGRAM OF EDUCATION?		
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If "Yes," list below each diploma, vocational course, job training program, or test you need to reach your educational or career goal that you indicated in Item 9A). If you have not selected a program, leave this item blank.)		
C. EDUCATION OR TRAINING WILL BE BY (Check more than one if necessary)		
<input checked="" type="checkbox"/> COLLEGE OR OTHER SCHOOL	<input type="checkbox"/> CORRESPONDENCE COURSE	<input type="checkbox"/> TUITION ASSISTANCE TOP-UP
<input type="checkbox"/> I SEEK REIMBURSEMENT FOR A LICENSING OR CERTIFICATION TEST	<input type="checkbox"/> APPRENTICESHIP OR ON-THE-JOB TRAINING	
<input type="checkbox"/> NATIONAL ADMISSIONS EXAMS OR NATIONAL EXAMS FOR CREDIT	<input type="checkbox"/> VOCATIONAL FLIGHT TRAINING	
D. HAVE YOU SELECTED YOUR SCHOOL OR TRAINING ESTABLISHMENT?	E. Complete Name and Address of School (Complete street address, city, state and ZIP code)	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (If you have selected a school, check "Yes," and specify its complete name and mailing address. If you have not selected a school, check "No.") If you are applying for reimbursement of test fees, don't answer this question. Skip to Item 10.)	Mercer University 1400 Coleman Avenue Macon, GA 321207-0003	
F. DO YOU KNOW THE DATE YOU WILL BEGIN YOUR SCHOOLING OR TRAINING?	G. Date (Month, Year) of anticipated beginning school or training	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If you do know this date, check "Yes." Specify this date in Item 9G. If you do not know this date check "No.")		
H. DO YOU PLAN TO REPEAT ANY COURSE FOR WHICH YOU RECEIVED CREDIT?	I. Information about repeated course	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If "Yes," write in Item 9I the name of the course, when you originally took this course, and why you plan to repeat it.)		

NOTE - COMPLETE ONLY IF YOU ARE A CIVILIAN EMPLOYEE OF THE U.S. GOVERNMENT

If you are on active military duty, skip question 10.

10. DO YOU EXPECT TO RECEIVE FUNDS FROM YOUR AGENCY OR DEPARTMENT FOR THE SAME COURSE(S) FOR WHICH YOU EXPECT TO RECEIVE VA EDUCATIONAL ASSISTANCE?

YES NO (If "Yes," show the source of these funds)

Source of educational assistance from government employment:

NOTE - COMPLETE ITEM 11 ONLY IF YOU ARE ON ACTIVE DUTY

11. ARE YOU RECEIVING, OR DO YOU ANTICIPATE RECEIVING, ANY MONEY (Including but not limited to Federal Tuition Assistance) FROM THE ARMED FORCES OR PUBLIC HEALTH SERVICE FOR THE COURSE FOR WHICH YOU HAVE APPLIED TO VA FOR EDUCATION BENEFITS? IF YOU WILL RECEIVE SUCH BENEFITS, CHECK "YES" AND GIVE COMPLETE DETAILS INCLUDING THE SOURCE OF THE FUNDS. NOTE: IF YOU ARE ONLY APPLYING FOR TUITION ASSISTANCE TOP-UP, CHECK "NO"

YES NO

Details of educational assistance from the military:

12. EDUCATION AND EMPLOYMENT INFORMATION

A. DID YOU GRADUATE FROM HIGH SCHOOL? (If "Yes," write the date you graduated next to "Yes," and skip to Item 12C. If "No," complete Item 12B)

YES Date May 16, 1999 NO

B. IF YOU DID NOT GRADUATE FROM HIGH SCHOOL, DO YOU HAVE A HIGH SCHOOL EQUIVALENCY CERTIFICATE? (If "Yes," write the date you completed the requirements for this certificate in the space provided. If "No," go to Item 12C)

YES Date _____ NO

C. EDUCATION AFTER HIGH SCHOOL (INCLUDE ALL APPRENTICESHIP, ON-THE-JOB TRAINING, AND FLIGHT TRAINING) (See Instructions)

NAME AND LOCATION OF COLLEGE OR OTHER TRAINING PROVIDER (Include City and State)	DATES OF TRAINING		NUMBER OF SEMESTER, QUARTER OR CLOCK HOURS COMPLETED	DEGREE, DIPLOMA, OR CERTIFICATE RECEIVED	MAJOR FIELD OR COURSE OF STUDY
	FROM	TO			

D. DO YOU HOLD ANY FAA FLIGHT CERTIFICATES? (If "Yes," list each certificate)

YES NO

EMPLOYMENT (Complete ONLY if you served in the military)

EMPLOYMENT	PRINCIPAL OCCUPATION	NUMBER OF MONTHS IN THAT OCCUPATION	LICENSE OR RATING
E. Before Entering Military Service	Student		
F. After Leaving Military Service			

PART II - SERVICE INFORMATION (All applicants must complete this part)

13. ACTIVE DUTY INFORMATION

A. ARE YOU NOW ON ACTIVE DUTY OR FULL-TIME NATIONAL GUARD DUTY? (Send us a copy of your orders, if authority for full-time National Guard duty is title 32, U.S.C.)

YES NO

B. ARE YOU NOW ON TERMINAL LEAVE BEFORE DISCHARGE? (If yes, please provide the date you began your terminal leave)

YES NO

Date leave began: _____ Date of expected discharge: _____

14. INFORMATION ABOUT YOUR PERIODS OF ACTIVE DUTY

Please complete Items 14A through 14f for each period of your active duty. It will help VA process your claim if you send a copy of your DD 214 (copy 4) for each period of active service. (Don't report any Active Duty for Training)

A. DATE ENTERED ACTIVE DUTY	B. DATE SEPARATED FROM ACTIVE DUTY	C. BRANCH OF SERVICE OR RESERVE OR GUARD COMPONENT	D. CHARACTER OF DISCHARGE	E. WERE YOU INVOLUNTARILY CALLED TO ACTIVE DUTY FOR THIS PERIOD? (If "Yes," send copies of your orders)		F. IF THIS ACTIVE DUTY IS NATIONAL GUARD DUTY, INDICATE IF AUTHORITY IS TITLE 10 (Federal) OR TITLE 32 (State). (Send copies of any orders)
				YES	NO	
1999	2005	Army	Honorable		X	

You should specify in Item 22, Remarks, any periods of active duty which reflect:

- Full time assignment by a service department to a civilian school for a course of education substantially the same as established courses for civilians;
- Attendance at a service academy; or
- Non-creditable time - (time lost because of industrial or agricultural furlough, arrest without acquittal, being AWOL, desertion, sentence of court-martial, etc.)

15. DO YOU ALSO HAVE ANY PERIODS OF RESERVE OR NATIONAL GUARD SERVICE THAT ARE NOT ACTIVE DUTY?

YES NO (If "Yes," complete information about this service in Item 16. If "No," skip to Item 17)

16. PERIODS OF RESERVE OR NATIONAL GUARD SERVICE (NOT ACTIVE DUTY)

A. ARE YOU NOW IN THE RESERVE OR NATIONAL GUARD?

YES NO

INFORMATION TO COMPLETE ITEM 16E:

- Place "SR" in Item 16E for each period of reserve service if you were in the Selected Reserve (drilling status).
- Place "IRR" in Item 16E for each period of reserve service if you were in the Individual Ready Reserve.
- Place "IMA" in Item 16E for each period of reserve service if your were in the Individual Mobilization Augmentation.

B. DATE ENTERED RESERVE OR GUARD	C. DATE SEPARATED FROM RESERVE OR GUARD (if applicable)	D. RESERVE OR GUARD COMPONENT	E. RESERVE STATUS (See abbreviations above)

F. DO YOU QUALIFY FOR A "KICKER" BASED ON YOUR RESERVE ENLISTMENT? ("Kickers" are amounts contributed by DoD to an education fund on behalf of individuals to encourage enlistment or retention in the Reserve or National Guard forces, usually in specialized areas.) (IF YOU QUALIFY FOR A RESERVE "KICKER," CHECK "YES." IT MAY HELP IF YOU SEND VA A COPY OF THE "KICKER" CONTRACT)

YES NO

G. COMPLETE ONLY IF YOU ARE APPLYING FOR CHAPTER 1606 (you checked Item 4B). IF YOU ARE PARTICIPATING IN A SENIOR ROTC SCHOLARSHIP PROGRAM, DOES THAT PROGRAM PAY FOR YOUR TUITION, FEES, BOOKS AND SUPPLIES UNDER TITLE 10, U.S.C., SECTION 2107? (Do not include monthly subsistence allowance)

YES NO

PART III - MONTGOMERY GI BILL QUESTIONS
(Complete this part only if you are applying for chapter 30 benefits)

QUESTIONS	YES (<input checked="" type="checkbox"/>)	NO (<input checked="" type="checkbox"/>)
17A. DID YOU MAKE ADDITIONAL CONTRIBUTIONS WHILE ON ACTIVE DUTY (Sometimes referred to as "Buy-up") TO INCREASE THE AMOUNT OF MONTHLY MGIB BENEFITS PAYABLE? (If you made any additional contributions, you must check "YES" and send us a copy of the receipt of lump sum contribution or a copy of your Leave and Earnings Statement showing these additional contributions.	X	
17B. IF YOU SERVED A PERIOD OF ACTIVE DUTY THAT THE DEPARTMENT OF DEFENSE COUNTS FOR PURPOSES OF REPAYING AN EDUCATION LOAN, PLEASE SHOW THE DATES OF THAT PERIOD OF ACTIVE DUTY: From _____ To _____		X
17C. DO YOU HAVE A DoD CONTRACT TO RECEIVE A "KICKER"? (Some military services call this the "college fund." "Kickers" are amounts contributed by DoD to an education fund on behalf of individuals to encourage enlistment or retention in the Armed forces, usually in specialized areas. If you qualify for a "kicker", check "Yes." It may help if you send us a copy of your kicker contract.		X

COMMISSIONED OFFICER QUESTIONS		
18A. DID YOU GRADUATE FROM A MILITARY SERVICE ACADEMY (e.g., West Point, Naval Academy, etc.)? (If "Yes," specify the month and year you graduated and received your commission) Graduation month and year: _____		X
18B. WERE YOU COMMISSIONED AS THE RESULT OF PARTICIPATING IN A SENIOR ROTC (Reserve Officers Training Corps) SCHOLARSHIP PROGRAM? (If "Yes," show the date of your commission and the amount of your scholarship for each school year you were in the Senior ROTC program. Don't report your monthly subsistence allowance. If you received your commission through a Senior ROTC (non-scholarship) program, check "No.") Commission date: _____ Scholarship Amounts: Year: _____ Amount: _____ Year: _____ Amount: _____ Year: _____ Amount: _____ Year: _____ Amount: _____ Year: _____ Amount: _____		X

MARITAL AND DEPENDENCY STATUS

NOTE: COMPLETE THIS ITEM ONLY IF YOU CHECKED ITEM 4A AND HAVE MILITARY SERVICE BEFORE JANUARY 1, 1977 (or delayed entry before January 2, 1978). See Instructions.

QUESTIONS	YES	NO
19A. ARE YOU CURRENTLY MARRIED?		X
19B. DO YOU HAVE ANY CHILDREN WHO ARE:		
(1) UNDER AGE 18? OR		X
(2) OVER 18 BUT UNDER AGE 23, NOT MARRIED AND ATTENDING SCHOOL? OR		X
(3) OF ANY AGE AND PERMANENTLY INCAPABLE OF SELF-SUPPORT DUE TO MENTAL OR PHYSICAL DISABILITY?		X
19C. IS EITHER YOUR FATHER OR MOTHER DEPENDENT UPON YOU FOR FINANCIAL SUPPORT?		X

PART IV - NATIONAL CALL TO SERVICE QUESTIONS

(Complete this part only if you are applying for this benefit)

20A. DID YOU SIGN AN ENLISTMENT CONTRACT WITH THE DEPARTMENT OF DEFENSE FOR THE NATIONAL CALL TO SERVICE PROGRAM? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
20B. DID YOU RECEIVE AN EDUCATIONAL ALLOWANCE INCENTIVE OPTION? (If "Yes," check the block in Item 20C that identifies the option you received) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
20C. WHICH VA EDUCATIONAL ALLOWANCE INCENTIVE OPTION DID YOU ELECT? (Check only one block below)
<input type="checkbox"/> EDUCATIONAL ALLOWANCE OF UP TO 12 MONTHS OF MONTGOMERY GI BILL BENEFITS (3-year rate) <input type="checkbox"/> EDUCATIONAL ALLOWANCE OF UP TO 36 MONTHS OF MONTGOMERY GI BILL BENEFITS (1/2 the 2-year rate)

NOTE: National Call to Service applicants must furnish VA a copy of DD Form 2863 (National Call to Service (NCS), Election of Options). This form is needed to document your eligibility and to confirm your incentive option.

PART V - TRANSFER OF ENTITLEMENT QUESTIONS*(Complete this part only if you are applying for this benefit)*

NOTE: This benefit requires (1) that the veteran's branch of military service authorized the veteran to transfer MGIB entitlement to his or her dependents, and (2) the veteran, in writing, transferred his or her current education benefits to you (specifying you by name).

IMPORTANT: Only a spouse, surviving spouse, or child of a veteran who has transferred entitlement should complete this information.

21A. WHAT IS YOUR RELATIONSHIP TO THE VETERAN OR SERVICE MEMBER WHO TRANSFERRED ENTITLEMENT TO YOU?

SPOUSE SURVIVING SPOUSE CHILD

IMPORTANT: If you checked your relationship as a spouse or child, have the veteran complete and send us VA Form 21-686c. See Instructions.

21B. VETERAN OR SERVICE MEMBER'S NAME (First, Middle, Last)

21C. VETERAN OR SERVICE MEMBER'S SEX

MALE FEMALE

21D. ADDRESS OF VETERAN OR SERVICE MEMBER WHO TRANSFERRED ENTITLEMENT TO YOU

21E. VETERAN OR SERVICE MEMBER'S DATE OF BIRTH

21F. VETERAN OR SERVICE MEMBER'S SOCIAL SECURITY NUMBER

EMPLOYMENT (IF NO MILITARY SERVICE)

EMPLOYMENT	PRINCIPAL OCCUPATION	NUMBER OF MONTHS IN THAT OCCUPATION	LICENSE OR RATING
21G. JOB 1 (Since leaving high school)			
21H. JOB 2 (Since leaving high school)			

22. REMARKS (Use this space to provide information that does not fit elsewhere on this form or that will help VA process your claim. Refer to the item numbers on this form to help us match your answers to the correct questions. If more space is needed, please attach separate sheets of paper. Be sure to place your name and social security number on each additional page.)

PART VI - CERTIFICATION AND SIGNATURE OF APPLICANT*(All applicants must complete this part)*

I CERTIFY THAT all statements in my application are true and correct to the best of my knowledge and belief.

PENALTY - Willful false statements as to a material fact in a claim for education benefits is a punishable offense and may result in the forfeiture of these or other benefits and in criminal penalties.

23A. FULL NAME OF APPLICANT (PRINTED)

Eric Matthew Crays

23B. SIGNATURE OF APPLICANT (Do NOT Print) (Minor children must also have their parent or guardian sign in this item)

SIGN HERE IN INK ▶ Eric M. Crays

23C. DATE SIGNED

09-12-2006

PART VII - CERTIFICATION FOR APPLICANTS ON ACTIVE DUTY*(Have your Education Officer complete this part only if you are currently on active duty. This signature is not needed if you are on terminal leave)*

I CERTIFY THAT this individual is a member of the branch of the Armed Forces shown below and has consulted with me regarding his/her education program.

24A. SIGNATURE, TITLE AND BRANCH OF SERVICE OF ARMED FORCES EDUCATION OFFICER

24B. DATE SIGNED

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, First, Middle) Crays, Eric Matthew		2. DEPARTMENT, COMPONENT AND BRANCH Army		3. SOCIAL SECURITY NUMBER 000 00 0091	
4.a. GRADE, RATE OR RANK 1st Lieutenant	b. PAY GRADE 02	5. DATE OF BIRTH (YYYYMMDD) 19810822	6. RESERVE OBLIGATION TERMINATION DATE (YYYYMMDD) 20050715		
7a. PLACE OF ENTRY INTO ACTIVE DUTY Jacksonville, FL		b. HOME OF RECORD AT TIME OF ENTRY (City and State, or complete address if known) 1501 Broadway St., Gainesville, FL 32603			
8a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND Ft. Gordon, GA			b. STATION WHERE SEPARATED Fort Gordon, GA		
9. COMMAND TO WHICH TRANSFERRED N/A				10. SGLI COVERAGE <input type="checkbox"/> NONE AMOUNT: \$250,000.00	
11. PRIMARY SPECIALTY (List number, title and years and months in specialty. List additional specialty numbers and titles involving periods of one or more years.) 63 B10 00 Light Vehicle Maintenance		12. RECORD OF SERVICE			
		a. DATE ENTERED AD THIS PERIOD	1999	02	01
		b. SEPARATION DATE THIS PERIOD	2005	07	15
		c. NET ACTIVE SERVICE THIS PERIOD			
		d. TOTAL PRIOR ACTIVE SERVICE			
		e. TOTAL PRIOR INACTIVE SERVICE			
		f. FOREIGN SERVICE			
		g. SEA SERVICE			
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) None		14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed) None			
15a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERAN'S EDUCATIONAL ASSISTANCE PROGRAM		<input type="checkbox"/>	YES	<input checked="" type="checkbox"/>	NO
b. HIGH SCHOOL GRADUATE OR EQUIVALENT		<input checked="" type="checkbox"/>	YES	<input type="checkbox"/>	NO
16. DAYS ACCRUED LEAVE PAID	17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION			YES	NO
				<input checked="" type="checkbox"/>	<input type="checkbox"/>
18. REMARKS					
<div style="border: 2px solid red; padding: 5px; width: fit-content; margin: auto;"> <p style="text-align: center; color: red; font-weight: bold; font-size: 1.2em;">RECEIVED</p> <p style="text-align: center; color: red; font-weight: bold;">DEC 05, 2007</p> <p style="text-align: center; color: red; font-weight: bold;">VARO, MAIL ACTIVITY ATLANTA, GA 4</p> </div>					
The information contained herein is subject to computer matching within the Department of Defense or with any other affected Federal or non-Federal agency for verification purposes and to determine eligibility for, and/or continued compliance with the requirements of a Federal benefit program.					
19a. MAILING ADDRESS AFTER SEPARATION (Include Zip Code) 1501 Broadway St. Gainesville, FL 32603			b. NEAREST RELATIVE (Name and address - include Zip Code) Matt Oberdeen 1530		
20. MEMBER REQUESTS COPY 6 BE SENT TO		DIRECTOR OF VETERAN AFFAIRS		<input type="checkbox"/>	YES
				<input type="checkbox"/>	NO
21. SIGNATURE OF MEMBER BEING SEPARATED <i>Eric Crays</i>		22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature)			

SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)

23. TYPE OF SEPARATION Released from Active Duty		24. CHARACTER OF SERVICE (Include upgrades) Honorable	
25. SEPARATION AUTHORITY AR 635-200, LU		26. SEPARATION CODE LBK	27. REENTRY CODE N/A
28. NARRATIVE REASON FOR SEPARATION Completion of Required Active Service			
29. DATES OF TIME LOST DURING THIS PERIOD			30. MEMBER REQUESTS COPY 4 (Initials)

CERTIFICATE OF MARRIAGE

This Certifies That

Wesley Paul Beland

and

Rachel Shannon Faye

were united by me in

MARRIAGE



on the 19th day of February in the year of Our

Lord One Thousand Nine Hundred and Eighty Six

at First Methodist Church

David Beland

Officiant Steve Elder

Witnesses

Paul Nichols

Title Reverend

MARRAGE

000-02-2003

Authority For Tuition Assistance - Education Services Program

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 8013 and EO 9397.

PRINCIPAL PURPOSE: To process an individual's request for Air Force tuition assistance. Use of SSN is necessary to make positive identification of the individual and records.

ROUTINE USES: Records may be disclosed to civilian schools for the purposes of ensuring correct enrollment and billing information.

DISCLOSURE IS VOLUNTARY: Disclosure of SSN is voluntary; however, failure to provide the information required may result in disapproval of the individual's request for tuition assistance.

Student Personal Data:

LASTNAME - FIRSTNAME - MIDDLE INITIAL	RANK	DOS	SSAN
Jackson, Ester Ruth	LT.	09-15-99	000-00-0094
ORGANIZATION	DUTY PHONE	NAME OF SCHOOL	
NAVAIR	407-312-6900	University of Central Florida	

RECEIVED

DEC 05, 2007

VARO, MAIL ACTIVITY
ATLANTA, GA
4

Student Enrollment Data:

Code	Course Title	Hours	Start Date	End Date	Level	Loc	Cost	Pay Meth
BJ02101	Advanced Biology	3	09-15-01	0-03-01	C	M	\$721	A

Per Hour Cost	Total Lab Fees	Total Course Cost	Total Government Cost	Total Student Cost	
				\$721.00	

Conditions and Certifications

I agree that no changes will be made in the above course or dollar amounts without the approval of the issuing education center staff; otherwise, I will pay the difference to the Air Force and/or the school. I understand that the Air Force will pay 75% of my tuition or fee. I agree to pay the remaining amount and any other costs and fees. I will reimburse the Air Force for the above amount if I fail to complete the course for reasons within my control. I hereby voluntarily authorize the amount to be withdrawn from my pay if it is determined that my failure to complete the course was not due to circumstances beyond my control. I authorize the release of academic information (course grades, completion status) by the above institution to the Air Force (PL 93-568). I agree to notify the education services office of degree completion or completion of 15 semester hour increments (or quarter hour equivalent) according to AFI 36-2305 for update of my military record. I understand that tuition assistance is not authorized for any course in which I am receiving reimbursement in whole or part under any other provision of the law where the payment would constitute a duplication of benefits from the U.S. Government (Veterans Administration (VA) Education Allowances, VEAP, etc.). I agree (officers only) to remain on active duty for at least 2 years following the end of the course. I understand that offers to repay Tuition Assistance after completing a course will not remove the ADSC. Only the Secretary of the Air Force or his designee may excuse my obligation to serve on active duty for the period specified on this agreement.

Initial: I will inform my Commander and/or supervisor of my enrollment in the above course. If necessary I will disenroll from the above course before the first class meeting.

Signature of Applicant:	Date:
Ester Jackson	08-03-01

Verification By MPF/ESO (Education Services Office)

Initial: Approved. This applicant has been counseled and is considered qualified for the course. Eligibility is based on the certification above. Funds are available.

Disapproved Because:

Signature of Education Services Officer Representative:	Date:

<p>Mail Invoices To:</p> <p>Amount to be invoiced:</p>	<p>Accounting Classification:</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 33%;">Master Account</td> <td style="width: 33%;">TA Doc #</td> <td style="width: 33%;">EEIC</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	Master Account	TA Doc #	EEIC			
Master Account	TA Doc #	EEIC					

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, First, Middle) Porter, Michael J.		2. DEPARTMENT, COMPONENT AND BRANCH U.S. Army, Field Artillery		3. SOCIAL SECURITY NUMBER 000 00 0053	
4.a. GRADE, RATE OR RANK SSG	b. PAY GRADE E6	5. DATE OF BIRTH (YYYYMMDD) 19690513		6. RESERVE OBLIGATION TERMINATION DATE (YYYYMMDD) 20071221	
7a. PLACE OF ENTRY INTO ACTIVE DUTY		b. HOME OF RECORD AT TIME OF ENTRY (City and State, or complete address if known)			
8a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND			b. STATION WHERE SEPARATED		
9. COMMAND TO WHICH TRANSFERRED				10. SGLI COVERAGE <input type="checkbox"/> NONE AMOUNT: \$	
11. PRIMARY SPECIALTY (List number, title and years and months in specialty. List additional specialty numbers and titles involving periods of one or more years.) 13E Cannon Fire Direction Specialist		12. RECORD OF SERVICE		YEAR(S)	MONTH(S)
		a. DATE ENTERED AD THIS PERIOD			
		b. SEPARATION DATE THIS PERIOD			
		c. NET ACTIVE SERVICE THIS PERIOD			
		d. TOTAL PRIOR ACTIVE SERVICE			
		e. TOTAL PRIOR INACTIVE SERVICE			
		f. FOREIGN SERVICE			
		g. SEA SERVICE			
h. EFFECTIVE DATE OF PAY GRADE					
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) N/A			14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed) N/A		



15a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERAN'S EDUCATIONAL ASSISTANCE PROGRAM		<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
b. HIGH SCHOOL GRADUATE OR EQUIVALENT		<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
16. DAYS ACCRUED LEAVE PAID	17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION		<input type="checkbox"/>	YES	<input type="checkbox"/>
			<input type="checkbox"/>	NO	<input type="checkbox"/>

18. REMARKS

The information contained herein is subject to computer matching within the Department of Defense or with any other affected Federal or non-Federal agency for verification purposes and to determine eligibility for, and/or continued compliance with the requirements of a Federal benefit program.

19a. MAILING ADDRESS AFTER SEPARATION (Include Zip Code)		b. NEAREST RELATIVE (Name and address - include Zip Code)			
20. MEMBER REQUESTS COPY 6 BE SENT TO DIRECTOR OF VETERAN AFFAIRS		<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
21. SIGNATURE OF MEMBER BEING SEPARATED Michael Porter		22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature)			

SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)					
23. TYPE OF SEPARATION Medical		24. CHARACTER OF SERVICE (Include upgrades)			
25. SEPARATION AUTHORITY		26. SEPARATION CODE		27. REENTRY CODE	
28. NARRATIVE REASON FOR SEPARATION					
29. DATES OF TIME LOST DURING THIS PERIOD				30. MEMBER REQUESTS COPY 4 (Initials)	

Department of Veterans Affairs
Regional Processing Office



000-02-2005

To Whom It May Concern,

With reference to stop payment of the Montgomery GI Bill-Selected Reserve (Chapter 1606), I am writing this letter to inform the Department of Veterans Affairs that I the soldier totally disagree with the decision of possible repayment of benefits received after December 18, 2005.

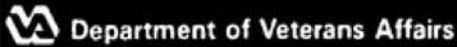
The reasons I disagree is because on December 18, 2005 I was discharged from the Army National with a General Discharged under honorable conditions. Four months later, I voluntarily joined the Army Reserve on April 29, 2006 (1/319th 7th BDE 80th (DIV), 280 Mahone Avenue, Ft. Lee, VA). It was my understanding, because I was joining the Reserve under the exact same contract that nothing would change. I would either lose my educational benefits or have to repay any educational benefits received while in the National Guard or Reserve component. This was told to me by my recruiter SGT Edward P. Eitel. Later in the month of June 2007 I called the Department of Veterans Affairs to find out how many months I had remaining to be able to use my GI Bill. The customer service representative told me I had ten months of educational benefits remaining. Since I have become eligible for the Montgomery GI Bill, each college have attend has processed my paperwork every semester and The Department of Veterans Affairs has approved the paperwork each semester and deposited a check into my savings account each month. I had no knowledge what so ever that my educational benefits were supposed to be stopped effective December 18, 2005.

I am not disagreeing with whether or not my educational benefits should continue. I am disagreeing with repayment of my educational benefits. After receiving information my recruiter and the representative telling me the exact amount of months I was entitled to. How was I supposed to know? Do to know fault my own possible repayment my occur If payment of Montgomery GI -Bill Selected Reserve (Chapter 1606) benefits were stopped December 18, 2005, there is no reason why two years and four months later I am just receiving a letter informing me of the termination. If it was terminated on December 18, 2005 it should have been stopped December 18, 2005. Instead The Department of Veterans Affairs allowed me to use my educational benefits semester after semester and month after month. I did not fail as a soldier doing my job, the employees of the Department of Veterans Affairs and the Department of Defense failed on doing their jobs. There is absolutely no reason why I should be held accountable for that. Most importantly, I cannot afford to pay back the money received. I am currently enrolled in college. I cannot afford to pay back this as well as college loans.

I look forward to hearing from you soon.

Sincerely Yours,

Priscila D. Burrell



APPLICATION FOR SURVIVORS' AND DEPENDENTS' EDUCATIONAL ASSISTANCE

(Under Provisions of Chapter 35, Title 38, U.S.C.)

See attached Information and Instructions

INTERNET VERSION AVAILABLE - You may complete and send your application over the Internet at: www.gibill.va.gov

PART I - APPLICANT INFORMATION

1A. NAME OF APPLICANT (FIRST-MIDDLE-LAST) Alvin David Anderson		1B. SOCIAL SECURITY NUMBER OF APPLICANT 000-00-0043	1C. DATE OF BIRTH OF APPLICANT 05-19-81
2A. SEX OF APPLICANT <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE		2B. APPLICANT'S E-MAIL ADDRESS adanderson@yahoo.com	
3A. RELATIONSHIP OF APPLICANT TO VETERAN <input type="checkbox"/> SPOUSE <input type="checkbox"/> SURVIVING SPOUSE <input checked="" type="checkbox"/> CHILD <input type="checkbox"/> STEPCHILD <input type="checkbox"/> ADOPTED CHILD		3B. APPLICANT'S TELEPHONE NUMBER (Including Area Code) DAY: (404) 728-3350 EVENING: ()	
3C. MAILING ADDRESS OF APPLICANT (Number and street or rural route, city or P.O., State and ZIP Code) 952 Douglas Avenue Atlanta, GA 30334			VA DATE STAMP (For VA Use Only) RECEIVED DEC 05, 2007 VARO, MAIL ACTIVITY ATLANTA, GA 4
4. HAVE YOU RECEIVED AN INFORMATION PAMPHLET EXPLAINING SURVIVORS' AND DEPENDENTS EDUCATIONAL ASSISTANCE BENEFITS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			

PART II - INFORMATION CONCERNING DISABLED OR DECEASED VETERAN OR INDIVIDUAL ON ACTIVE DUTY

5A. NAME OF VETERAN OR INDIVIDUAL ON ACTIVE DUTY ON WHOSE ACCOUNT BENEFITS ARE CLAIMED (FIRST- MIDDLE -LAST) Nathaniel Charles Anderson			
5B. SOCIAL SECURITY NUMBER 000-00-0032		5C. VA FILE NUMBER (If known) 000 00 0032	
6. DATE OF BIRTH 02-11-56	7. BRANCH OF SERVICE Marines	8. SERVICE NUMBER	9. DATE OF DEATH OR DATE LISTED AS MISSING IN ACTION OR P.O.W.

PART III - SPECIAL INFORMATION CONCERNING APPLICANT

10. IF YOU ARE THE SPOUSE OF A DISABLED VETERAN, IS A DIVORCE OR ANNULMENT PENDING?
 YES NO

11A. IF YOU ARE THE SURVIVING SPOUSE OF A DECEASED VETERAN, HAVE YOU REMARRIED SINCE HIS OR HER DEATH?
 YES NO

11B. SURVIVING SPOUSE'S AGE AT TIME OF REMARRIAGE

NOTE - COMPLETE ITEM 12 ONLY IF YOU ARE A CIVILIAN EMPLOYEE OF THE U.S. GOVERNMENT

12A. DO YOU EXPECT TO RECEIVE FUNDS FROM YOUR AGENCY OR DEPARTMENT FOR THE SAME COURSE FOR WHICH YOU EXPECT TO RECEIVE VA EDUCATIONAL ASSISTANCE? (If you check "Yes," show the source of these funds in Item 12B)
 YES NO

12B. SOURCE OF EDUCATIONAL ASSISTANCE FROM GOVERNMENT EMPLOYMENT

13. HAVE YOU EVER APPLIED FOR ANY OF THE FOLLOWING VA BENEFITS? (Check applicable box(es))

A. DISABILITY COMPENSATION OR PENSION

B. DEPENDENTS' INDEMNITY COMPENSATION (DIC)

C. VETERANS' EDUCATION ASSISTANCE BASED ON YOUR OWN SERVICE (Specify benefit) _____

D. VOCATIONAL REHABILITATION BENEFITS

E. SURVIVORS' AND DEPENDENTS EDUCATIONAL ASSISTANCE (Complete Items 14A and 14B)

F. OTHER (Specify) _____

G. NONE

Complete Item 14 only if you check Item 13E

14A. NAME OF VETERAN ON WHOSE ACCOUNT YOU PREVIOUSLY CLAIMED BENEFITS	14B. VETERAN'S FILE NUMBER
---	----------------------------

PART IV - APPLICANT'S MILITARY SERVICE

15. HAVE YOU EVER SERVED ON ACTIVE DUTY IN THE ARMED FORCES? (Including an initial period of active duty for training for a period of 3 months or more OR subsequent periods of active duty for training of 6 months or more) (If "NO," skip this part and continue to Part V)

YES NO

16. INFORMATION ABOUT YOUR PERIODS OF ACTIVE DUTY
(Please complete Items 16A through 16D for each period of your active duty)

A. DATE ENTERED ACTIVE DUTY	B. DATE SEPARATED FROM ACTIVE DUTY	C. BRANCH OF SERVICE OR RESERVE OR GUARD COMPONENT	D. CHARACTER OF DISCHARGE

PART V - PREVIOUS EDUCATION, TRAINING, AND EMPLOYMENT

17A. CHECK THE APPROPRIATE BOX AND ENTER THE DATE IN ITEM 17B

- GRADUATED FROM HIGH SCHOOL DISCONTINUED HIGH SCHOOL
 EXPECT TO GRADUATE GED
 NEVER ATTENDED HIGH SCHOOL

17B. DATE

18. EDUCATION (Include all apprenticeships and on-the-job training)

TYPE OF SCHOOL	NAME AND LOCATION OF SCHOOL (City and State)	DATES OF TRAINING		NUMBER OF SEMESTER, QUARTER, OR CLOCK HOURS COMPLETED	DEGREE, DIPLOMA, OR CERTIFICATE RECEIVED	MAJOR FIELD OR COURSE OF STUDY
		FROM	TO			
ELEMENTARY SCHOOL						
HIGH SCHOOL						
COLLEGE						
VOCATIONAL OR TRADE						
OTHER						

19. EMPLOYMENT

EMPLOYMENT	PRINCIPAL OCCUPATION	NUMBER OF MONTHS EMPLOYED IN THAT OCCUPATION	LICENSE OR RATING

PART VI - PROGRAM OF EDUCATION OR TRAINING

20A. DO YOU KNOW YOUR EDUCATIONAL OR CAREER GOAL? (If "YES," please specify)

YES NO

20B. HAVE YOU SELECTED A SPECIFIC PROGRAM OF EDUCATION? (If "YES," list below each diploma, vocational course, job training program, or test you need to reach the goal specified in Item 20A. If "NO," leave blank)

YES NO

20C. EDUCATION OR TRAINING WILL BE BY: (Check more than one if necessary)

- COLLEGE OR OTHER SCHOOL
 APPRENTICESHIP OR OTHER ON-THE-JOB TRAINING
 LICENSING OR CERTIFICATION TEST
 NATIONAL ADMISSION EXAMS OR NATIONAL EXAMS FOR CREDIT
 CORRESPONDENCE COURSE (Spouse or surviving spouse only)
 FARM COOPERATIVE

<p>20D. HAVE YOU SELECTED YOUR SCHOOL OR TRAINING ESTABLISHMENT? (if you have selected a school, check "YES," and specify its complete name and mailing address. If you have not selected a school, check "NO." If you are only applying for reimbursement of test fees, skip to Item 21.)</p> <p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>NAME AND ADDRESS OF SCHOOL OR TRAINING ESTABLISHMENT (Number and street or rural route, city or P.O., State and ZIP Code)</p> <p>University of Colorado at Boulder 20 UCB Boulder, CO 80309-0020</p>
<p>20E. DO YOU KNOW THE DATE YOU WILL BEGIN YOUR SCHOOLING OR TRAINING? (If, "YES," specify the date)</p> <p>No</p>	<p>ANTICIPATED BEGINNING DATE (MONTH/YEAR) OF TRAINING</p>
<p>20F. ARE YOU A HANDICAPPED CHILD, 14 YEARS OR OLDER, SPOUSE, OR SURVIVING SPOUSE SEEKING SPECIAL RESTORATIVE TRAINING? (See Instructions)</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p>	<p>20G. ARE YOU A HANDICAPPED CHILD, SPOUSE, OR SURVIVING SPOUSE SEEKING SPECIALIZED VOCATIONAL TRAINING? (See Instructions)</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p>

PART VII - ELECTION (CHILD ONLY)

IMPORTANT: You may not receive payments of Dependency and Indemnity Compensation (DIC) or Pension and you may not be claimed as a dependent in a compensation claim while receiving Survivors' and Dependents' educational assistance (DEA). CAREFULLY READ THE INSTRUCTIONS BEFORE COMPLETING THIS ELECTION BLOCK. YOU ARE STRONGLY ENCOURAGED TO DISCUSS YOUR ELECTION WITH A VA COUNSELOR.

<p>21A. I CERTIFY THAT I understand the effects of an election to receive DEA benefits and that I elect to receive such benefits from the following date:</p>	<p>21B. DATE OF ELECTION</p>
---	------------------------------

22. REMARKS (Use this space to provide information that does not fit elsewhere on this form or that will help VA process your claim. Refer to the item numbers on this form to help us match your answers to the correct questions. If more space is needed, please attach separate sheets of paper. Be sure to place your name and Social Security Number on each additional page)

PART VIII - CERTIFICATION AND SIGNATURE OF APPLICANT
(All Applicants Must Complete This Part)

I CERTIFY THAT all statements in my application are true and correct to the best of my knowledge and belief.


PENALTY: Willfully false statements as to a material fact in a claim for education benefits is a punishable offense and may result in the forfeiture of these or other benefits and in criminal penalties.

<p>23A. SIGNATURE OF APPLICANT (Do NOT Print)</p> <p>SIGN HERE IN INK ► Alvin Anderson</p>	<p>23B. DATE SIGNED</p> <p>10-25-07</p>
--	---

PART IX - SIGNATURE OF PARENT, GUARDIAN, OR CUSTODIAN
(This section must be completed if you are a minor child)

<p>24A. NAME OF PARENT, GUARDIAN, OR CUSTODIAN (Type or print)</p>	<p>24B. TELEPHONE NUMBER AND MAIL ADDRESS OF PARENT, GUARDIAN, OR CUSTODIAN (Include Area Code).</p>
<p>25A. SIGNATURE OF (Check one) (DO NOT PRINT)</p> <p><input type="checkbox"/> PARENT <input type="checkbox"/> GUARDIAN <input type="checkbox"/> CUSTODIAN</p> <p>SIGN HERE IN INK ►</p>	<p>25B. DATE SIGNED</p>

(Example of information needed.)
***Application for Licensing and Certification Testing Fee
 Reimbursement***

First-Middle -Last Name of Applicant Harold Lebron Brown	Social Security No.: 000-00-0048 VA File No. (If Different): 000 00 0048 (For Proper Payment Of Benefits Dependents Must Use VA File No.)
Mailing Address 44 Oregon Trail Clemson, SC 29632	Home Telephone No. (Include Area Code) 864-331-4450 Work Telephone No. (Include Area Code) 864-721-1819
	
Have you applied for VA Benefits Before? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If no, please also complete VA form 22-1990 (Veteran) or VA form 22-5490 (Dependent) and submit it with this application. To request a copy of either form, call 1-800-827-1000.	
Name of Test 1. Math 2. Learning Disability Specialist	Name and Address of Organization Issuing License South Carolina Test for Learning Disability Specialist License P.O. Box 1400 Charleston, SC 29401
Date Test Taken: 04-10-06	
Cost of Test: \$150.00	
I hereby authorize the release of my test information to the Department of Veterans Affairs.	
Date Signed 05-01-06	Signature of Applicant (Do Not Print) Harold Brown
Please return this form and a copy of your test results to the VA Office which handles	

Massachusetts Tests for Educator Licensure™

Test Date:
See reverse side for an explanation of how to read your score report.

TO:

Your scores have been sent to the Massachusetts Department of Education and the following Massachusetts institution:
UMASS: Lowell

Test: 01 Communication and Literacy Skills

Subtest: Reading

Your Score: Min. Qualifying Score:
Status:

Subarea Name	Graphic Display
Word Meaning.....	
Main Idea and Detail.....	
Writer's Purpose.....	
Idea Relationships.....	
Critical Reasoning.....	
Study Skills.....	

Subtest: Writing

Your Score: Min. Qualifying Score:
Status:

Subarea Name	Graphic Display
Mechanics Exercise.....	
Grammar and Usage.....	
Summary Exercise.....	
Composition Exercise.....	

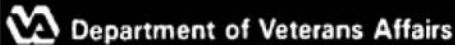
Test: 09 Mathematics

Your Score: Minimum Qualifying Score: Status:

Number of Questions	Subarea Name	Graphic Display
11 to 20	Number Sense and Operations.....	
21 to 30	Patterns, Relations, and Algebra.....	
11 to 20	Geometry and Measurement.....	
11 to 20	Data Analysis, Statistics, & Probability.....	
11 to 20	Trig, Calculus, and Discrete Mathematics.....	
2	Integration of Knowledge and Understanding.....	

Examinee Name: Harold Lebron Brown

Social Security Number: 000-00-0048



APPLICATION FOR SURVIVORS' AND DEPENDENTS' EDUCATIONAL ASSISTANCE

(Under Provisions of Chapter 35, Title 38, U.S.C.)

See attached Information and Instructions

INTERNET VERSION AVAILABLE - You may complete and send your application over the Internet at: www.gibill.va.gov

PART I - APPLICANT INFORMATION

1A. NAME OF APPLICANT (FIRST-MIDDLE-LAST) Belle Kayln Stocker		1B. SOCIAL SECURITY NUMBER OF APPLICANT 000-00-0037	1C. DATE OF BIRTH OF APPLICANT 03-16-85
2A. SEX OF APPLICANT <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE		2B. APPLICANT'S E-MAIL ADDRESS bkstocker@yahoo.com	
3A. RELATIONSHIP OF APPLICANT TO VETERAN <input type="checkbox"/> SPOUSE <input type="checkbox"/> SURVIVING SPOUSE <input checked="" type="checkbox"/> CHILD <input type="checkbox"/> STEPCHILD <input type="checkbox"/> ADOPTED CHILD		3B. APPLICANT'S TELEPHONE NUMBER (Including Area Code) DAY: (205) 426-5713 EVENING: ()	
3C. MAILING ADDRESS OF APPLICANT (Number and street or rural route, city or P.O., State and ZIP Code) 1516 Eden Circle Hoover, AL 35224			VA DATE STAMP (For VA Use Only) RECEIVED NOV, 20 2007 VARO, MAIL ACTIVITY ATLANTA, GA
4. HAVE YOU RECEIVED AN INFORMATION PAMPHLET EXPLAINING SURVIVORS' AND DEPENDENTS EDUCATIONAL ASSISTANCE BENEFITS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			

PART II - INFORMATION CONCERNING DISABLED OR DECEASED VETERAN OR INDIVIDUAL ON ACTIVE DUTY

5A. NAME OF VETERAN OR INDIVIDUAL ON ACTIVE DUTY ON WHOSE ACCOUNT BENEFITS ARE CLAIMED (FIRST- MIDDLE -LAST) Brian Jeffrey Stocker			
5B. SOCIAL SECURITY NUMBER 000-0-0041		5C. VA FILE NUMBER (If known) 000 00 0041	
6. DATE OF BIRTH 07-12-52	7. BRANCH OF SERVICE Marines	8. SERVICE NUMBER	9. DATE OF DEATH OR DATE LISTED AS MISSING IN ACTION OR P.O.W.

PART III - SPECIAL INFORMATION CONCERNING APPLICANT

10. IF YOU ARE THE SPOUSE OF A DISABLED VETERAN, IS A DIVORCE OR ANNULMENT PENDING? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
11A. IF YOU ARE THE SURVIVING SPOUSE OF A DECEASED VETERAN, HAVE YOU REMARRIED SINCE HIS OR HER DEATH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	11B. SURVIVING SPOUSE'S AGE AT TIME OF REMARRIAGE
NOTE - COMPLETE ITEM 12 ONLY IF YOU ARE A CIVILIAN EMPLOYEE OF THE U.S. GOVERNMENT	
12A. DO YOU EXPECT TO RECEIVE FUNDS FROM YOUR AGENCY OR DEPARTMENT FOR THE SAME COURSE FOR WHICH YOU EXPECT TO RECEIVE VA EDUCATIONAL ASSISTANCE? (If you check "Yes," show the source of these funds in Item 12B) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	12B. SOURCE OF EDUCATIONAL ASSISTANCE FROM GOVERNMENT EMPLOYMENT
13. HAVE YOU EVER APPLIED FOR ANY OF THE FOLLOWING VA BENEFITS? (Check applicable box(es))	
A. <input type="checkbox"/> DISABILITY COMPENSATION OR PENSION	
B. <input type="checkbox"/> DEPENDENTS' INDEMNITY COMPENSATION (DIC)	
C. <input type="checkbox"/> VETERANS' EDUCATION ASSISTANCE BASED ON YOUR OWN SERVICE (Specify benefit) _____	
D. <input type="checkbox"/> VOCATIONAL REHABILITATION BENEFITS	
E. <input type="checkbox"/> SURVIVORS' AND DEPENDENTS EDUCATIONAL ASSISTANCE (Complete Items 14A and 14B)	
F. <input type="checkbox"/> OTHER (Specify) _____	
G. <input checked="" type="checkbox"/> NONE	

Complete Item 14 only if you check Item 13E

14A. NAME OF VETERAN ON WHOSE ACCOUNT YOU PREVIOUSLY CLAIMED BENEFITS	14B. VETERAN'S FILE NUMBER
---	----------------------------

PART IV - APPLICANT'S MILITARY SERVICE

15. HAVE YOU EVER SERVED ON ACTIVE DUTY IN THE ARMED FORCES? (Including an initial period of active duty for training for a period of 3 months or more OR subsequent periods of active duty for training of 6 months or more) (If "NO," skip this part and continue to Part V)

YES NO

16. INFORMATION ABOUT YOUR PERIODS OF ACTIVE DUTY
(Please complete Items 16A through 16D for each period of your active duty)

A. DATE ENTERED ACTIVE DUTY	B. DATE SEPARATED FROM ACTIVE DUTY	C. BRANCH OF SERVICE OR RESERVE OR GUARD COMPONENT	D. CHARACTER OF DISCHARGE

PART V - PREVIOUS EDUCATION, TRAINING, AND EMPLOYMENT

17A. CHECK THE APPROPRIATE BOX AND ENTER THE DATE IN ITEM 17B

GRADUATED FROM HIGH SCHOOL DISCONTINUED HIGH SCHOOL
 EXPECT TO GRADUATE GED
 NEVER ATTENDED HIGH SCHOOL

17B. DATE

18. EDUCATION (Include all apprenticeships and on-the-job training)

TYPE OF SCHOOL	NAME AND LOCATION OF SCHOOL (City and State)	DATES OF TRAINING		NUMBER OF SEMESTER, QUARTER, OR CLOCK HOURS COMPLETED	DEGREE, DIPLOMA, OR CERTIFICATE RECEIVED	MAJOR FIELD OR COURSE OF STUDY
		FROM	TO			
ELEMENTARY SCHOOL						
HIGH SCHOOL						
COLLEGE						
VOCATIONAL OR TRADE						
OTHER						

19. EMPLOYMENT

EMPLOYMENT	PRINCIPAL OCCUPATION	NUMBER OF MONTHS EMPLOYED IN THAT OCCUPATION	LICENSE OR RATING

PART VI - PROGRAM OF EDUCATION OR TRAINING

20A. DO YOU KNOW YOUR EDUCATIONAL OR CAREER GOAL? (If "YES," please specify)

YES NO

20B. HAVE YOU SELECTED A SPECIFIC PROGRAM OF EDUCATION? (If "YES," list below each diploma, vocational course, job training program, or test you need to reach the goal specified in Item 20A. If "NO," leave blank)

YES NO

20C. EDUCATION OR TRAINING WILL BE BY: (Check more than one if necessary)

- COLLEGE OR OTHER SCHOOL
- APPRENTICESHIP OR OTHER ON-THE-JOB TRAINING
- LICENSING OR CERTIFICATION TEST
- NATIONAL ADMISSION EXAMS OR NATIONAL EXAMS FOR CREDIT
- CORRESPONDENCE COURSE (Spouse or surviving spouse only)
- FARM COOPERATIVE

<p>20D. HAVE YOU SELECTED YOUR SCHOOL OR TRAINING ESTABLISHMENT? (if you have selected a school, check "YES," and specify its complete name and mailing address. If you have not selected a school, check "NO." If you are only applying for reimbursement of test fees, skip to Item 21.)</p> <p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>NAME AND ADDRESS OF SCHOOL OR TRAINING ESTABLISHMENT (Number and street or rural route, city or P.O., State and ZIP Code)</p> <p>University of Alabama Box 870100 Tuscaloosa, AL 35487-0100</p>
<p>20E. DO YOU KNOW THE DATE YOU WILL BEGIN YOUR SCHOOLING OR TRAINING? (If, "YES," specify the date)</p> <p>No</p>	<p>ANTICIPATED BEGINNING DATE (MONTH/YEAR) OF TRAINING</p>
<p>20F. ARE YOU A HANDICAPPED CHILD, 14 YEARS OR OLDER, SPOUSE, OR SURVIVING SPOUSE SEEKING SPECIAL RESTORATIVE TRAINING? (See Instructions)</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p>	<p>20G. ARE YOU A HANDICAPPED CHILD, SPOUSE, OR SURVIVING SPOUSE SEEKING SPECIALIZED VOCATIONAL TRAINING? (See Instructions)</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p>

PART VII - ELECTION (CHILD ONLY)

IMPORTANT: You may not receive payments of Dependency and Indemnity Compensation (DIC) or Pension and you may not be claimed as a dependent in a compensation claim while receiving Survivors' and Dependents' educational assistance (DEA). CAREFULLY READ THE INSTRUCTIONS BEFORE COMPLETING THIS ELECTION BLOCK. YOU ARE STRONGLY ENCOURAGED TO DISCUSS YOUR ELECTION WITH A VA COUNSELOR.

<p>21A. I CERTIFY THAT I understand the effects of an election to receive DEA benefits and that I elect to receive such benefits from the following date:</p>	<p>21B. DATE OF ELECTION</p>
---	------------------------------

22. REMARKS (Use this space to provide information that does not fit elsewhere on this form or that will help VA process your claim. Refer to the item numbers on this form to help us match your answers to the correct questions. If more space is needed, please attach separate sheets of paper. Be sure to place your name and Social Security Number on each additional page)

PART VIII - CERTIFICATION AND SIGNATURE OF APPLICANT
(All Applicants Must Complete This Part)

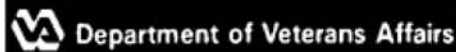
I CERTIFY THAT all statements in my application are true and correct to the best of my knowledge and belief.

PENALTY: Willfully false statements as to a material fact in a claim for education benefits is a punishable offense and may result in the forfeiture of these or other benefits and in criminal penalties.

<p>23A. SIGNATURE OF APPLICANT (Do NOT Print)</p> <p>SIGN HERE IN INK ►</p>	<p>23B. DATE SIGNED</p>
---	-------------------------

PART IX - SIGNATURE OF PARENT, GUARDIAN, OR CUSTODIAN
(This section must be completed if you are a minor child)

<p>24A. NAME OF PARENT, GUARDIAN, OR CUSTODIAN (Type or print)</p>	<p>24B. TELEPHONE NUMBER AND MAIL ADDRESS OF PARENT, GUARDIAN, OR CUSTODIAN (Include Area Code).</p>
<p>25A. SIGNATURE OF (Check one) (DO NOT PRINT)</p> <p><input type="checkbox"/> PARENT <input type="checkbox"/> GUARDIAN <input type="checkbox"/> CUSTODIAN</p> <p>SIGN HERE IN INK ►</p>	<p>25B. DATE SIGNED</p>



ENROLLMENT CERTIFICATION FOR TRAINING OTHER THAN APPRENTICESHIP OR OTHER ON-THE-JOB, FLIGHT, OR CORRESPONDENCE TRAINING

(Under Chapters 30, 32, or 35, Title 38, U.S.C.; Chapter 1606, Title 10, U.S.C.; or Sections 901 or 903 of Public Law 96-342)

Side A

IMPORTANT - COMPLETE ONLY ONE SIDE OF THIS FORM.
Complete this side ONLY if you are certifying attendance for those types of training shown in Item 5.
(Use the reverse side for Apprenticeship, Other On-The-Job, Flight, or Correspondence training.)
Pull out carbon and reverse before completing the other side of this form. Ensure that VA Copy 1 is on top.

1. NAME OF STUDENT (First, Middle, Last) Vera Robin Carlson		2. VA FILE NO. (For chapter 35, include suffix. For chapter 30 transferability cases, enter the veteran's social security number) 000 00 0078	
3. CURRENT ADDRESS OF STUDENT 3163 Maryland Avenue Indian Rocks, FL 34644		4. SOCIAL SECURITY NUMBER OF STUDENT (If not entered in Item 2 above) 000-00-0078	
5. TYPE OF TRAINING <input type="checkbox"/> UNDERGRADUATE COLLEGE DEGREE <input type="checkbox"/> FARM COOPERATIVE <input type="checkbox"/> GRADUATE OR ADVANCED PROFESSIONAL <input type="checkbox"/> HIGH SCHOOL <input checked="" type="checkbox"/> NON-COLLEGE DEGREE <input type="checkbox"/> COOPERATIVE (Not Farm) <input type="checkbox"/> GUEST STUDENT (Supplemental School)		6. NAME OF PROGRAM HVAC Training	
7B. IS STUDENT MATRICULATED AT YOUR FACILITY? (For VA purposes, a student is matriculated when formally admitted as a degree seeking student) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		7A. CREDIT FOR PREVIOUS TRAINING N/A	

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 DEC 05, 2007
 VARO. MAIL ACTIVITY
 ATLANTA, GA
 4

ENROLLMENT DATA						
8. ENROLLMENT EFFECTIVE DATES (Month, Day, Year)		9. CREDIT HOUR COURSES		10. CLOCK HOURS PER WEEK	11. CHARGES FOR PERIODS OF INSTRUCTION	12. TRAINING TIME (Graduate or Advanced Professional Program)
		CREDIT HOURS TAKEN IN RESIDENCE, INDEPENDENT STUDY OR TV	NON-CREDIT REMEDIAL/ DEFICIENCY/ REFRESHER			
A. BEGIN	B. END	A. HOURS	B. HOURS			
09-06	09-08	48		16	\$60/hour	

13. ADDITIONAL INFORMATION FOR HIGH SCHOOL AND FARM CO-OP COURSES

A. HIGH SCHOOLS APPROVED ON A UNIT BASIS (Enter the number of high school units for which the student is enrolled)	B. FARM CO-OP ONLY - Is student pursuing course concurrently with substantially full-time agricultural employment averaging at least 40 hours per week? <input type="checkbox"/> YES <input type="checkbox"/> NO
--	---

ADVANCE PAYMENT REQUEST - (Note: Advance payment is not an accelerated payment.) (See Instructions.)

I REQUEST AN ADVANCE PAYMENT	14A. SIGNATURE OF STUDENT <i>Vera Carlson</i>	14B. DATE SIGNED <i>09-09-07</i>
-------------------------------------	--	-------------------------------------

ACCELERATED PAYMENT REQUEST (Chapter 30 Only)
(Note - Accelerated payment is not an advance payment.) (See Instructions.)

I request accelerated payment. I certify that I intend to seek employment in one of the following industries: Biotechnology, Life Science Technologies, Optoelectronics, Computers and Telecommunications, Electronics, Computer-integrated Manufacturing, Material Design, Aerospace, Weapons, or Nuclear Technology.

15A. SIGNATURE OF STUDENT	15B. DATE SIGNED
---------------------------	------------------

16. REMARKS

NOTE - Complete Item 17 only if course(s) are contracted out to another school or are given at a branch location other than shown in Item 18B. Do not complete Item 17 if course(s) are taken at a branch or extension of a school as defined in 38 CFR 21.4266(c).	17. NAME AND ADDRESS OF CONTRACT SCHOOL OR BRANCH LOCATION
---	--

NOTE - READ THE CERTIFICATIONS SECTION ON ATTACHED SHEET BEFORE COMPLETING ITEMS 18A THROUGH 18E BELOW.

CERTIFICATIONS - The provisions described in paragraphs (1) through (13) on the attached sheet are certified.

18A. SIGNATURE OF CERTIFYING OFFICIAL	18B. SCHOOL NAME AND ADDRESS Lincoln College of Technology 2410 Metrocentre Blvd West Palm Beach, FL32410	
18C. TELEPHONE NUMBER OF CERTIFYING OFFICIAL	18D. DATE SIGNED	18E. FACILITY CODE



Department of Veterans Affairs

**Side
A**

ENROLLMENT CERTIFICATION FOR TRAINING OTHER THAN APPRENTICESHIP OR OTHER ON-THE-JOB, FLIGHT, OR CORRESPONDENCE TRAINING
(Under Chapters 30, 32, or 35, Title 38, U.S.C.; Chapter 1606, Title 10, U.S.C.; or Sections 901 or 903 of Public Law 96-342)

IMPORTANT - COMPLETE ONLY ONE SIDE OF THIS FORM.

Complete this side **ONLY** if you are certifying attendance for those types of training shown in Item 5.
(Use the reverse side for Apprenticeship, Other On-The-Job, Flight, or Correspondence training.)
Pull out carbon and reverse before completing the other side of this form. Ensure that VA Copy 1 is on top.

1. NAME OF STUDENT (First, Middle, Last) Anna Diane Kelly		2. VA FILE NO. (For chapter 35, include suffix. For chapter 30 transferability cases, enter the veteran's social security number) 000 00 0058	
3. CURRENT ADDRESS OF STUDENT 1633 Holt Street West Palm Beach, FL 33401		4. SOCIAL SECURITY NUMBER OF STUDENT (If not entered in Item 2 above) 000-00-0058	
5. TYPE OF TRAINING <input type="checkbox"/> UNDERGRADUATE COLLEGE DEGREE <input type="checkbox"/> GRADUATE OR ADVANCED PROFESSIONAL <input checked="" type="checkbox"/> NON-COLLEGE DEGREE <input type="checkbox"/> FARM COOPERATIVE <input type="checkbox"/> HIGH SCHOOL <input type="checkbox"/> COOPERATIVE (Not Farm) <input type="checkbox"/> GUEST STUDENT (Supplemental School)		6. NAME OF PROGRAM HVAC	
		7A. CREDIT FOR PREVIOUS TRAINING N/A	
7B. IS STUDENT MATRICULATED AT YOUR FACILITY? (For VA purposes, a student is matriculated when formally admitted as a degree seeking student) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			

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DEC 05, 2007
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4

ENROLLMENT DATA

8. ENROLLMENT EFFECTIVE DATES (Month, Day, Year)		9. CREDIT HOUR COURSES		10. CLOCK HOURS PER WEEK	11. CHARGES FOR PERIODS OF INSTRUCTION	12. TRAINING TIME (Graduate or Advanced Professional Program)
		CREDIT HOURS TAKEN IN RESIDENCE, INDEPENDENT STUDY OR TV	NON-CREDIT REMEDIAL/ DEFICIENCY/ REFRESHER			
A. BEGIN	B. END	A. HOURS	B. HOURS	HOURS	TUITION & FEES	
09-06	09-08	49		16	\$45/hour	

13. ADDITIONAL INFORMATION FOR HIGH SCHOOL AND FARM CO-OP COURSES

A. HIGH SCHOOLS APPROVED ON A UNIT BASIS (Enter the number of high school units for which the student is enrolled)	B. FARM CO-OP ONLY - Is student pursuing course concurrently with substantially full-time agricultural employment averaging at least 40 hours per week? <input type="checkbox"/> YES <input type="checkbox"/> NO
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ADVANCE PAYMENT REQUEST - (Note: Advance payment is not an accelerated payment.) (See Instructions.)

I REQUEST AN ADVANCE PAYMENT	14A. SIGNATURE OF STUDENT	14B. DATE SIGNED
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ACCELERATED PAYMENT REQUEST (Chapter 30 Only)

(Note - Accelerated payment is not an advance payment.) (See Instructions.)

I request accelerated payment. I certify that I intend to seek employment in one of the following industries: Biotechnology, Life Science Technologies, Optoelectronics, Computers and Telecommunications, Electronics, Computer-integrated Manufacturing, Material Design, Aerospace, Weapons, or Nuclear Technology.

15A. SIGNATURE OF STUDENT	15B. DATE SIGNED
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16. REMARKS

NOTE - Complete Item 17 only if course(s) are contracted out to another school or are given at a branch location other than shown in Item 18B. Do not complete Item 17 if course(s) are taken at a branch or extension of a school as defined in 38 CFR 21.4266(c).

17. NAME AND ADDRESS OF CONTRACT SCHOOL OR BRANCH LOCATION

NOTE - READ THE CERTIFICATIONS SECTION ON ATTACHED SHEET BEFORE COMPLETING ITEMS 18A THROUGH 18E BELOW.

CERTIFICATIONS - The provisions described in paragraphs (1) through (13) on the attached sheet are certified.

18A. SIGNATURE OF CERTIFYING OFFICIAL Josh Johnson	18B. SCHOOL NAME AND ADDRESS Florida Tech Melbourne, FL 32901	
18C. TELEPHONE NUMBER OF CERTIFYING OFFICIAL	18D. DATE SIGNED 9/9/07	18E. FACILITY CODE